## Distrito Escolar Unificado de Los Ángeles

Fecha del exámen:			ANEXO A	<b>1</b> -1	
Nombre del alumno(a):			Sexo: Edad: Fecha de nacimiento:		]
Grado: Escuela:			Deporte(s):		4
Dirección:			Teléfono:		┨
Doctor o proveedor médico personal:			51.7		4
Persona a notificar en caso de emergencia. Nombre:			Relación:		4
Teléfono: (Casa) (Trabajo)			(Celular)(Celular)	_	╛
Medicamentos y alergias: Por favor enumere todas las medicinas y suplementos (natur	ales y	y nutrit	ivos) con o sin receta médica que actualmente toma.		
¿Padece de alguna alergia? ☐ Yes ☐No Si marcó 'Sí', por favor identifique la alergia es	pecífi	ica a c	ontinuación.	—	
□ Medicamentos □Polen □A	Alimer	ntos	□Picaduras de insectos		
El padre/madre/tutor legal y el alumno(a) deben cuidadosamente completar esta sección antes de participar en el prog				ena.	
PREGUNTAS GENERALES	Sí		PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES	Sí	N
1. ¿Alguna vez le ha negado un doctor la participación en los deportes por alguna razón?			26. ¿Alguna articulación le duele, se hincha, se siente tibia o se ve rojiza?		
¿Padece constantemente de alguna afección médica? Si respondió 'Sí',  2. por favor identifíquela a continuación:   Asma  Anemia  Diabetes			27. ¿Tiene un historial de artritis juvenil o enfermedad del tejido conectivo?		L
□ Infecciones Otra:			PREGUNTAS MÉDICAS		Ļ
3. ¿Alguna vez pasó la noche hospitalizado?	<u> </u>		28. ¿Tose, resolla o respira con dificultad durante o después de hacer ejercicio?		
4. ¿Alguna vez tuvo alguna cirugía?			29. ¿Ha usado alguna vez un inhalante o tomado medicina para el asma?		
PREGUNTAS SOBRE SU SALUD CARDÍACA	Sí	No	30. ¿Alguien de su familia padece de asma?		
5. ¿Alguna vez se ha desmayado o ha estado a punto de desmayarse DURANTE o					
DESPUÉS de hacer ejercicio?  Le de la sentido alguna vez incomodidad, dolor, tensión o presión en el pecho durante el ejercicio?			31. ¿Nació sin un riñón o le falta un riñón, un ojo, un testículo (hombres), el bazo o cualquier otro órgano?		
7. ¿Su corazón a veces se acelera o late irregularmente durante el ejercicio?	<u> </u>		32. ¿Tiene dolor en la ingle o un bulto o hemia dolorosa en el area de la ingle?		
8. ¿Alguna vez le ha dicho un doctor que padece de problemas cardiacos?			33. ¿Ha padecido de mononucleosis (mono) infecciosa en el último mes?		
Si respondió 'Sí', marque lo que corresponda:			34. ¿Tiene alguna erupción cutánea, llagas por presión u otro problema de la piel?	П	T
<ul> <li>☐ Enfermedad de Kawasaki</li> <li>☐ Una infección cardíaca</li> <li>☐ Presión alta</li> <li>☐ Un soplo cardíaco</li> </ul>			35. ¿Ha tenido una infección por herpes o de MRSA?	П	T
☐ Colesterol alto Otro:			36. ¿Ha tenido alguna lesión en la cabeza o concusión cerebral?	H	H
9. ¿En los últimos 14 días ha estado expuesto a alguien que dio positivo a una prueba				$\vdash$	H
del virus COVID-19?  10. ¿Alguna vez ha dado positivo a una prueba del virus COVID-19?	├		37. ¿Ha te nido algún golpe o impacto a la cabeza que le causó confusión,		
Fecha de la prueba (+) COVID-19			dolor de cabeza prolongado o problemas de la memoria?  38. ¿Tiene un historial de trastorno convulsivo?	H	H
11.¿Alguna vez le ordenó el doctor una prueba del corazón (por ejemplo un electrocardiograma o ecocardiograma)?			39. ¿Le duele la cabeza cuando hace ejercicio?	H	H
12. ¿Se marea o le falta el aire más de lo esperado durante el ejercicio?			40.¿Alguna vez ha sentido adormecimiento, hormiqueo o debilidad en los brazos o piemas después de caerse o ser golpeado(a)?	Н	H
13. ¿Ha tenido alguna vez algún ataque inexplicado?				Ш	Ļ
			41. ¿Alguna vez no ha podido mover los brazos o las piernas luego de caerse o ser golpeado(a)?		
14. ¿Se cansa o le falta el aire más rápidamente que a sus amigos durante el ejercicio?			42. ¿Alguna vez se ha sentido enfermo mientras hacía ejercicio en el calor?	Н	H
PREGUNTAS DE LA SALUD DE SU FAMILIA	Sí	No	(0. T)	$\vdash$	┡
¿Ha habido alguna muerte por problemas cardíacos o una muerte repentina e inesperada 15. o inexplicable antes de los 50 años de algún miembro de su familia o pariente (incluyen			43 ¿Tiene calambres musculares frecuentes al hacer ejercicio?	H	┝
ahogados, accidente automovilístico inexplicado, o síndrome de muerte infantil súbita?			44. ¿Usted o alguien de su familia tiene razgos de o padece de anemia drepanocítica?		
¿Alguien de su familia padece de cardiomiopatía hipertrópica, síndrome de Marfan,			45. ¿Ha tenido problemas de los ojos o la visión?		
16. cardiomiopatía arritmogénica del ventrículo derecho, síndrome de QT largo o corto síndrome de Brugada o taquicardia catecolaminérgica polymórfica ventricular?			46. ¿Ha sufrido alguna lesión de los ojos?		
17. ¿Alguien de su familia padece de problemas cardíacos, tiene un marcapasos o	<u> </u>		47. ¿Usa anteojos o lentes de contacto?		
desfibrilador implantado?			48. ¿Usa lentes de protección, tales como gafas protectoras o protector facial?		Ī
18. ¿Alguien de su familia se ha desmayado o ha tenido algun ataque inexplicable o			49. ¿Le preocupa su peso?		T
ha estado a punto de ahogarse?			50. ¿Está tratando de bajar o subir de peso, o alguien le ha recomendado que gane	Н	H
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES	Sí	No	o pierda peso?	Ш	L
19. ¿Ha tenido alguna lesión, tal como una torcedura, un desgarre múscular o de un			51. ¿Está en una dieta especial o evita ciertos tipos de comida?		L
ligamento, o tendonitis, que le haya hecho faltar a la práctica o a algún juego?	<u> </u>		52. ¿Ha padecido alguna vez de un trastorno alimenticio?	Ш	Ļ
20. ¿Se ha roto o fracturado algún hueso o se ha dislocado alguna articulación?	$\vdash$	$\vdash$	53. ¿Tiene alguna inquietud que le gustaría tratar con un doctor?		l
21. ¿Ha tenido alguna lesión que haya requerido Rayos-X, MRI, CT escanear, una terapia, inyecciones, un aparato ortopédico, enyesado o muletas?			PARA MUJERES SOLAMENTE		Γ
22. ¿Alguna vez ha tenido una fractura por estrés?		Н	54. ¿Ha tenido alguna vez un período menstrual?		Γ
23. ¿Le han dicho alguna vez que se haga o se ha hecho una radiografía para la	$\vdash$	$\vdash$	55. ¿A qué edad tuvo su primer período menstrual?		Γ
inestabilidad atlantoaxial o del cuello? (Síndrome de Down o enanismo)			56. ¿Cuántos periodos ha tenido en los últimos 12 meses?		
24. ¿Usa regularmente algún aparato ortopédico, ortótico o de asistencia?			Explique las respuestas de "Si." Aqui:	ш	_
25. ¿Tiene alguna lesión del hueso, músculo o articulación que le moleste?					_
Por la presenta indico que, a mi leal saber y entander, mis respuestas anteriores estan co	mnle	tae v o	orractas		_

 Firma del atleta
 Firma del padre/madre/tutor legal
 Fecha

 BUL-4948
 Page 1 of 2
 June 30, 2021

## **Physical Examination Form**

The section below is to be completed by physician or staff after history and consent forms are completed.

ANEXO A-1

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Appearance	_						•	· <del>-</del>					
Appearance	Other Information	on:											
* Naffas fignises (syphosocious high anched palate, pectus exercised in anched palate, per	<b>MEDICA</b>	L				ormal				Abnormal Fi	ndings		
* Profile signal * Heart** * Hearing * Upmph Nodes * Heart** * Hummus (susculation standing, supine, -/- Valsalva) * Location of point of maximal impulse (PMI) * Lurgs * Addormen * Gentourinary (males only)** * Silvin * HSV. Healons suggestive of MRSA, tinea corporis * HINDS STANDING STA	excavatum, arach	nnodactyly, arm span >											
Heart 1  - Murrury (ausoulitation standing, supine, +/- Valsalva) - Location of point of maximal impulse (PM)	Eyes/ Ears/ Nose • Pupils equal • Hearing	/ Throat											
- Numrus (ausculation standing, suprine, -f- Valsahve) - Location of point of maximal impulse (PMI) - Lurigs - Abdomen - Generourinary (males only) <sup>2</sup> - Sitin - HSV, Issons suggestive of MRSA, tinea corporis - Nuscridage <sup>2</sup> - MUSCULOSKELETAL - Neck - Back - Shoulderi Arm - Elbow Forearm - Shoulderi Arm - Elbow Forearm - Shoulderi Arm - Elbow Forearm - Hory Traigh - Shoulderi Arm - Elbow Forearm - Hory Traigh - Contact Response on the standard and contact in the standard canada characteristic for suprincipation in the standard canada characteristic for suprincipation in the standard canada characteristic for suprincipation in the standard completed the Pre-Participation Physical Evaluation. The athlete does not present apparent. If you of Papil papilical in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the activation of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation in the physician may reaction the precision may reaction the precision may reaction the characteristic for participation in the physician may reaction the characteristic for participation in the physician may reaction the characteristic for participation Located Canada Canada canada canada completed the Pre-Participation Physical Evaluation. The athlete does not present apparent contrainfications to practice, tryout and participation the physician may reaction the characteristic for participation in the physician may reaction the contrainfications on the athlete has been cleared for participation Address:	Lymph Nodes												
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Genitourinary (males only) 2 Silin HSV, lesions suggestive of MRSA, tinea corporis Neutrologic 2 NUSCULOSKELETAL Neck Back Shoulderf Arm Elbow Forearm Wirst Hand's Fingers High Tingers Hi	Lungs												
Skin  I Styl, lesions suggestive of MRSA, finea corporis  MUSCULOSKELETAL  Neck  Back  Shoulder/ Arm  Ellow Foream  Wrist/ Hand/ Fingers  High Thigh  Knee  Leg/ Ankle  Foot/ Toes  Functional  Duck walk, single leg hop  Consiste Oil, scheardageam, and referral to cardiology for abnormal cardiac history or exam  Consiste Oil cleared for all sports without restriction  Cleared for all sports without restriction hold consists of the parent of the proper of the parent of the properties of the parent sports:  In we evaluated the above -named student and completed the Pre-Participation Physical Evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arises after the athlete has been cleared for participation, the physician may rescrib the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).  Name of Physician/ Provider: (print/ type/ stamp)  (MD, DO, NP or PA)  Date:  Phone:		-l											
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Knee   Leg/ Ankle   Foot/ Toes   Functional   Punck walk, single leg hop   Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam   Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam   Consider COG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam   Consider COG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam   Consider COG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam   Consider COG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam   Consider COG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiology for exam   Consider COG, echocardiogram, and referral to cardiogram, and referral to cardiogram, and referral to cardiogram, and referral to cardiogram, a	_	ers											
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Foot/ Toes  Functional  Duck walk, single leg hop  Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam  Consider GU exam if in private setting. Having 3rd party present is recommended.  Consider Contexte cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.  Clearance  Cleared for all sports without restriction  Cleared for all sports without restriction with recommendations for further evaluation or treatmentfor:  Not cleared  Pending further evaluation  For any sports  For certain sports:  Reason/Recommendations:  I have evaluated the above -named student and completed the Pre-Participation Physical Evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).  Name of Physician/ Provider: (print/ type/ stamp)  (MD, DO, NP or PA)  Date:  Phone:													
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Consider GU exam if in private setting. Having 3rd party present is recommended.  Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.  Cleared for all sports without restriction  Cleared for all sports without restriction with recommendations for further evaluation or treatment for:  Not cleared  Pending further evaluation  For any sports  For certain sports:  Reason/Recommendations:  I have evaluated the above -named student and completed the Pre-Participation Physical Evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).  Name of Physician/ Provider: (print/ type/ stamp)  (MD, DO, NP or PA)  Date:  Phone:		gle leg hop											
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Signature of Physician/ Provider:													
	Signature of Ph	ysician/ Provider:											

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, 2010.