

## Opportunity Knocks, Inc. Participation Examination

Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Examination Date: \_\_\_\_\_ *this form is valid for 365 days from examination date.*

GENERAL QUESTIONS	YES	NO
Has a doctor ever denied or restricted your participation in physical activity for any reason?		
General Questions		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
In the past month, have you had chest pain when you were not doing physical activity?		
Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Other _____		
Are you on medications for any of the above health conditions?		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Have you ever had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
BONE AND JOINT QUESTIONS	YES	NO
Have you ever had an injury to a bone, muscle, ligament, or tendon that cause you to not participate in physical activity?		
Have you ever had any broken or fractured bones or dislocated joints?		
Have you ever had an injury that required x-rays, MRI, Ct scan, injections, therapy, a brace, a cast, or crutches?		
Have you ever had a stress fracture?		
Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability?		
Do you regularly use a brace, orthotics, or other assistive device?		
Do you have a bone, muscle, or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm, or look red?		
Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	YES	NO
Do you cough, wheeze, or have any difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Were you born without or are you missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Do you have any rashes, pressure sores, or other skin problems?		
Have you ever had a head injury or concussion?		
Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Do you have a history of seizure disorder?		
Do you have headaches with exercise?		
Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Have you ever been unable to move your arms or legs after being hit or falling?		
Have you ever become ill while exercising in the heat?		
Do you get frequent muscle cramps when exercising?		
Do you have sickle cell trait or disease?		
Have you had any problems with your eyes or vision?		
Have you had any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear, such as goggles or a face shield?		
Are you on a special diet or do you avoid certain types of foods?		
Have you been diagnosed with cancer?		
Do you know of any other reason why you should not do physical activity?		
FEMALES ONLY	YES	NO
Have you ever had a menstrual period?		
Do you experience bad cramps that may prevent you from participating in activities?		

Explain YES answers here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Warrior: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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### EXAMINATION

Height

Weight

BP / pulse vision R 20/ L20/ Corrected Y N

#### MEDICAL

#### NORMAL

#### ABNORMAL FINDINGS

Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat pupils equal hearing		
Lymph nodes		
Heart murmurs (auscultation standing, supine +/- valsalva) location of point of maximal impulse (PMI)		
Pulses simultaneous femoral and radial pulses		
Lunges		
Abdomen		
Genitourinary (males only)		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		

#### MUSCULOSKELETAL

#### NORMAL

#### ABNORMAL FINDINGS

Neck Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
High/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional duck-walk, single leg hop		

On the basis of the examination on this day, I approve this individual's participation in physical activity for 365 from this date: \_\_\_\_\_

Full Participation     Limited : \_\_\_\_\_     NO physical activity until further notice

Physician's Signature: \_\_\_\_\_ Physician's Name: \_\_\_\_\_