Oxford Golden Bears
2024 Comprehensive Initial Pre-Participation Physical Evaluation

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

ATHLETE'S PERSONAL INFORMATION

Male / Female (Circle One)

Name: _____

Date of Birth _____/_____/_____ Age on Last Birthday: _____ Grade for 2024/2025 season: _____

Current Physical Address _____

Current Home Phone # _____ Parent/Guardian Current Cellular Phone #_____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____Relationship_____

Address _____ Emergency Contact Phone # _____

Secondary Emergency Contact Person's Name_____ Relationship _____

Address _____ Emergency Contact Phone # _____

Medical Insurance Carrier _____ _Policy Number _____

Address _____ Phone # _____

Family Physician's Name _____, MD or DO (circle one)

Address _____Phone # _____

Athlete's Allergies _____

Athlete's Health Condition(s) of which an Emergency Physician Should be Aware _____

_____

Athlete's Prescription Medication(s) _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The athlete's parent/guardian must complete all parts of this form.

I hereby give my consent for _____ born on _____

who turned ____ on his/her last birthday, a resident of (city/town)_____,

to participate in Practices, Scrimmages, and/or Contests and Games during the 2024/2025 season in the following sport (circle one):

Flag football Rookie Tackle/Tackle football Flag Cheerleading Cheerleading for tackle football

Signature of Parent or Guardian _____

Oxford Golden Bears
2024 Comprehensive Initial Pre-Participation Physical Evaluation

SECTION 3: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

	Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?		
2. Do you have an ongoing medical condition (like asthma or diabetes)?		
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?		
4. Do you have allergies to medicines, pollens, foods, or stinging insects?		
5. Have you ever passed out or nearly passed out DURING exercise?		
6. Have you ever passed out or nearly passed out AFTER exercise?		
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?		
8. Does your heart race or skip beats during exercise?		
9. Has a doctor ever told you that you have (check all that apply): ○ High blood pressure ○ Heart murmur ○ High cholesterol ○ Heart infection		
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)		
11. Has anyone in your family died for no apparent reason?		
12. Does anyone in your family have a heart problem?		
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?		
14. Does anyone in your family have Marfan syndrome?		
15. Have you ever spent the night in a hospital?		
16. Have you ever had surgery?		
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:		
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:		
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:		
Head Neck Shoulder Upper arm Elbow Forearm Hand/Fingers Chest		
20. Have you ever had a stress fracture?		
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
22. Do you regularly use a brace or assistive device?		

	Yes	No

Oxford Golden Bears
2024 Comprehensive Initial Pre-Participation Physical Evaluation

23. Has a doctor ever told you that you have asthma or allergies?		
24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?		
25. Is there anyone in your family who has asthma?		
26. Have you ever used an inhaler or taken asthma medicine?		
27. Were you born without or are your missing a kidney, an eye, a testicle, or any other organ?		
28. Have you had infectious mononucleosis (mono) within the last month?		
29. Do you have any rashes, pressure sores, or other skin problems?		
30. Have you ever had a herpes skin infection?		
CONCUSSION OR TRAUMATIC BRAIN INJURY		
31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?		
32. Have you been hit in the head and been confused or lost your memory?		
33. Do you experience dizziness and/or headaches with exercise?		
34. Have you ever had a seizure?		
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
36. Have you ever been unable to move your arms or legs after being hit or falling?		
37. When exercising in the heat, do you have severe muscle cramps or become ill?		
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
39. Have you had any problems with your eyes or vision?		
40. Do you wear glasses or contact lenses?		
41. Do you wear protective eyewear, such as goggles or a face shield?		
42. Are you unhappy with your weight?		
43. Are you trying to gain or lose weight?		
44. Has anyone recommended you change your weight or eating habits?		
45. Do you limit or carefully control what you eat?		
46. Do you have any concerns that you would like to discuss with a doctor?		

Oxford Golden Bears
2024 Comprehensive Initial Pre-Participation Physical Evaluation

	Yes	No
FEMALES ONLY		
47. Have you ever had a menstrual period?		
48. How old were you when you had your first menstrual period?		
49. How many periods have you had in the last 12 months?		
50. Are you pregnant?		

Explain "Yes" answers here:

#'s	**Explain "Yes" answers here:**

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Athlete's Signature _____Date____/____/_____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Athlete's/Guardian's Signature _____Date____/____/_____

Oxford Golden Bears
2024 Comprehensive Initial Pre-Participation Physical Evaluation

SECTION 4: COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named athlete's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Oxford Golden Bears Football and Cheerleading Organization.

Athlete's Name _____ Age _____ Grade _____

Sport _____Height_____ Weight_____ % Body Fat (optional) _____

Brachial Artery BP_____/_____ (_____/_____ , _____/_____) RP_____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the athlete's primary care physician is recommended.

Vision: R 20/_____ L 20/_____ Corrected: YES NO (circle one) Pupils: Equal_____ Unequal_____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		o Heart murmur o Femoral pulses to exclude aortic coarctation o Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		

Oxford Golden Bears
2024 Comprehensive Initial Pre-Participation Physical Evaluation

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named athlete, and, on the basis of such evaluation and the athlete's HEALTH HISTORY, certify that, except as specified below, the athlete is physically fit to participate in Practices, Scrimmages, and/or Contests and Games in the sport consented to by the athlete's parent/guardian in Section 2 of the Comprehensive Initial Pre-Participation Physical Evaluation form:

- o CLEARED
- o CLEARED, with recommendation(s) for further evaluation or treatment for: _____
- o NOT CLEARED for the following types of sports (please check those that apply):
- o COLLISION
- o CONTACT
- o NON-CONTACT
- o STRENUOUS
- o MODERATELY STRENUOUS
- o NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____License #_____

Address_____ Phone _____

AME's Signature_____MD, DO, PAC, CRNP, or SNP (circle one)

Date of CIPPE _/__/