

GIPS PRE-PARTICIPATION CLEARANCE

MUST BE COMPLETED AND SIGNED BY ATHLETE BEFORE EXAM



Name: _____ Date of birth: _____ GIPS ID #: _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, list all of your allergies (ie, medicines, pollens, food, stinging insects). _____

GENERAL QUESTIONS

Explain "yes" answers at the end of this form.
(Circle questions if you don't know the answer.)

Yes No

Has a provider ever denied or restricted your participation in sports for any reason?

Do you have any ongoing medical issues or recent illness?

HEART HEALTH QUESTIONS

Yes No

Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?

Have you ever passed out or nearly passed out during or after exercise?

Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.

Has a doctor ever told you that you have any heart problems?

Have you ever had a seizure?

HEART HEALTH QUESTIONS (CONT.)

Yes No

Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before the age of 35 years (including drowning or unexplained car crash)?

MEDICAL QUESTIONS

Yes No

Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?

Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

Do you have groin or testicle pain or a painful bulge or hernia in the groin area?

Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?

Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?

Do you get light-headed or feel shorter of breath than your friends during exercise?		
Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

Do you cough, wheeze, or have difficulty breathing during or after exercise?

Explain "yes" answers here:

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

Signature of athlete: _____

STOP

THE FOLLOWING SECTION WILL BE COMPLETED BY THE PROVIDER ADMINISTERING THE EXAM

Name: _____

Date of birth: _____

EXAMINATION			
Height: _____	Weight: _____	BMI: _____	BP (NOT exam eligible if > 139/89 on repeat): _____
Pulse: _____	Vision: In Range _____	Out of Range _____	Corrective Lenses: Y <input type="checkbox"/> N <input type="checkbox"/> Comments: _____
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance · Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Heart · Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)			
Lungs			
Groin (If screen is positive)			
Neurological			

Athlete is cleared Athlete is NOT cleared

Signature of health care professional: _____, MD, DO, NP, or PA

Revised April 2024