



1) Child's School:

2) Child's Gender:

Boy

Girl

3) Child's Age: _____ years

4) Do you consider your child to be Hispanic?

Yes

No

5) What is your child's race (mark all that apply)?

African American / Black

Caucasian

Native American

Asian

Other (Specify: _____)

6) What sport(s) will your child participate in the next year (mark all that apply)?

Basketball

Baseball

Cheerleading

Cross Country

Field Hockey

Football

Golf

Lacrosse

Soccer

Softball

Swimming

Track & Field

Volleyball

Water Polo

Wrestling

Other (Specify: _____)

7) Does your child have a regular doctor or a primary care provider?

Yes

No

If yes, how often does your child see their regular doctor or primary care provider?

More than once a year

Once a year (eg Annual well child check)

Less than once a year

8) Which type of primary care provider does your child see?

Family Medicine physician

Pediatrician

Physician Assistant

Nurse practitioner

I don't know

Does not have a primary care provider



9) In addition to today's sports physical examination, will your child see a provider for general or preventive care this year (eg well child check)?

_Yes _No

10) Did your child receive a seasonal flu shot last year?

_Yes _No _Unsure

11) Has your child received the Tetanus, Diphtheria and acellular Pertussis (TDaP) vaccine?

_Yes _No _Unsure

12) Has your child received the Meningococcal vaccine?

_Yes _No _Unsure

13) Has your child received the Human Papillomavirus (HPV) vaccine?

_Yes _No _Unsure

14) Do you think the sports physical examination helps prevent minor injuries?

_Yes _No

15) Do you think the sports physical examination helps prevent serious injuries or death?

_Yes _No

16) Do you think your child can participate safely in athletics and avoid minor or severe injuries including death without undergoing a sports physical examination?

_Yes _No

17) Do you think the sports physical examination is the same as well child check?

_Yes _No



18) Do you think the sports physical examination provides counseling on the following:

- a) **Motor Vehicle Safety?**
_Yes _No
- b) **Sexual Activity?**
_Yes _No
- c) **Substance Use (eg Tobacco, Alcohol, or Illicit drugs)?**
_Yes _No

19) Do you think the sports physical examination is an appropriate setting to ask questions regarding your child's:

- a) **Mental Health?**
_Yes _No
- b) **Sexual Activity?**
_Yes _No
- c) **Substance Use (eg Tobacco, Alcohol, or Illicit drugs)?**
_Yes _No

20) Do you believe electrocardiogram (EKG) screening can prevent sudden cardiac death in sports?

- _Yes _No

21) Do you believe electrocardiograms (EKGs) should be performed during the sports physical examination?

- _Yes _No

22) By participating in the sports physical examination, do you believe your child will be prevented from experiencing a concussion or sudden cardiac event?

- _Yes _No

23) Who completes the sports physical examination questionnaire form in your family?

- _Parent _Child _Both Parent and Child

24) Which location would you prefer your child's sports physical examination to be performed?

- _Gymnasium _Clinical office _Private room
- _Trainer's room _No preference

If a private room, which one would you prefer?

- _Open door examination _Closed door examination



25) Do you think the sports physical examination should be performed by an individual who is the same gender as your child?

_Yes

_No

26) Do you believe that sports physical examination covers the same goals as the well child examination?

_Yes

_No

27) Traditionally, testing for hernias in male athletes has been performed during the sports physical examination. Do you think testing for hernias in male athletes is appropriate during the sports physical examination?

_Yes

_No

28) Do you believe a dentist should have a role in the sports physical examination?

_Yes

_No

29) Do you believe an eye doctor should have a role in the sports physical examination?

_Yes

_No

EXEMPTION DETERMINATION

Date: September 26, 2016
From: Daniel McBride, IRB Analyst
To: Eldra Daniels

Type of Submission:	Initial Study
Title of Study:	Is the Preparticipation Physical Examination Replacing the Annual Well Child Examination among Student Athletes?
Principal Investigator:	Eldra Daniels
Study ID:	STUDY00004650
Submission ID:	STUDY00004650
Funding:	Not Applicable
Documents Approved:	<ul style="list-style-type: none"> • Consent IRB Edits (09/26/16), Category: Consent Form • PPE Questionnaire (0.01), Category: Data Collection Instrument • PPE Research Data Plan Review Form (09/26/16), Category: IRB Protocol • Protocol with IRB Edits (09/26/16), Category: IRB Protocol

The Human Subjects Protection Office determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are **not** required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Human Subjects Protection Office closer to the determination end date.

Changes to exempt research only need to be submitted to the Human Subjects Protection Office in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Human Subjects Protection Office.

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Penn State researchers are required to follow the requirements listed in the Investigator Manual ([HRP-103](#)), which can be found by navigating to the IRB Library within CATS IRB (<http://irb.psu.edu>).

This correspondence should be maintained with your records.

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