ADOLESCENCE CASE STUDY. A 16-year-old adolescent girl presents for a routine wellness examination. She is a junior in high school and has no significant medical history. She plays on the school softball team and has a preparticipation clearance form for you to complete. She is accompanied by her mother who wants to know if her daughter should start having routine gynecologic examinations as part of her routine check-up. She states that the patient's last tetanus shot was at the age of 5. She received all of the routine childhood immunizations, including a complete hepatitis B series, and had chickenpox when she was 6 years old despite being vaccinated for varicella. The mother reports that there are no medical problems in the immediate family, but that one of the patient's cousins died at the age of 21 of sudden cardiac death. When interviewed without the mother in the room, the patient reports to you that she is generally happy, she gets As and Bs in school and has an active social life. She denies ever being involved in sexual activity, or tobacco or drug use. She says that she will have a "drink or two" at a party with her friends. On examination, her vital signs are normal. Examination of her head and neck, lungs, abdomen, skin, and musculoskeletal and nervous systems are normal. On cardiac auscultation, you hear a 2/6 systolic murmur that gets louder when you have her Valsalva. Peripheral pulses are strong and symmetric; there is good capillary refill and no sign of cyanosis. Answer questions 1- 5 using course resources and at least one additional scholarly resource found outside the course resources. 1. What immunizations should be recommended at this visit? 2. At what age is it recommended to start routine Pap smear screening? 3. Would you sign or not sign the pre-participation form? Why or why not? 4. What is the most common cause of sudden cardiac death in young athletes? 5. What anticipatory guidance would you provide?