PRE-PARTICIPATION PHYSICAL EVALUATION

SCHOOL: _____

HISTORY **Date:** _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: (_____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:	Yes	No
1. Have you ever been hospitalized?	❑	❑
Have you ever had surgery?	❑	❑
Are you presently under a doctor's care?	❑	❑
2. Are you presently taking any medications or pills?	❑	❑
3. Do you have any allergies (medicine, bees or other stinging insects)?	❑	❑
4. Have you ever passed out during or after exercise?	❑	❑
Have you ever been dizzy during or after exercise?	❑	❑
Have you ever had chest pain during or after exercise?	❑	❑
Have you ever had high blood pressure?	❑	❑
Have you ever been told that you have a heart murmur?	❑	❑
Have you ever had racing of your heart or skipped heartbeats?	❑	❑
Has anyone in your family died of heart problems or a sudden death before age 50?	❑	❑
Has anyone in your family had Marfan's syndrome?	❑	❑
5. Do you have any skin problems (itching, rashes, acne)?	❑	❑
6. Have you ever had a head injury?	❑	❑
Have you ever been knocked out or unconscious?	❑	❑
Have you ever had a seizure or epilepsy?	❑	❑
Have you ever had a stinger, burner or pinched nerve?	❑	❑
7. Have you ever had heat cramps, heat illness or muscle cramps?	❑	❑
8. Do you have trouble breathing or do you cough during or after activity?	❑	❑
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)?	❑	❑
10. Have you had any problems with your eyes or vision?	❑	❑
Do you wear glasses or contacts or protective eye wear?	❑	❑
11. Are you missing an eye, kidney or testicle?	❑	❑
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	❑	❑

❑ Head ❑ Shoulder ❑ Thigh ❑ Neck ❑ Elbow ❑ Knee ❑ Foot

❑ Forearm ❑ Shin/Calf ❑ Back ❑ Wrist ❑ Ankle ❑ Hip ❑ Hand

13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?	❑	❑
14. **Have you had a medical problem or injury since your last evaluation**?	❑	❑

15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____

When was your last menstrual period? _____

What was the longest time between your periods last year? _____

Explain "Yes" answers:

_____

_____

_____

_____

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

Date: _____ Signature of athlete: _____

Date: _____ Signature of parent/guardian: _____

PHYSICAL EXAMINATION

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____

Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal ❑	**Specific Findings**
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

A. Cleared
B. Cleared after completing evaluation/rehabilitation for: _____
C. Not cleared

Due to: _____

Recommendation: _____

_____

_____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below**:

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling

Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

Name of Physician: _____ Date: _____

Address: _____

Phone: (_____)_____

Signature of Physician: _____

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)