Preparticipation Physical Evaluation

History

Date of Exam

Name		Sex	Age	Date of birth
Grade	School	Sport(s)		
Address				Phone
Personal physician				
In case of emergency, contact				
Name	Relationship	Phone (H)		(W)

Explain "Yes" answers below.
Circle questions you don't know the answer to.

	Question	Yes	No
1	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
	Do you have an ongoing or chronic illness?	☐	☐
2	Have you ever been hospitalized overnight?	☐	☐
	Have you ever had surgery?	☐	☐
3	Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?	☐	☐
	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
4	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
	Have you ever had a rash or hives develop during or after exercise?	☐	☐
5	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?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had a racing of you heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
	Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
6	D you have any current skin problems (for example itching, rashes, acne, warts, fungus or blisters?	☐	☐
7	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	Have you ever had a stinger, burner or pinched nerve?	☐	☐
8	Have you ever become ill from exercising in the heat?	☐	☐
9	Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
10	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or positions (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
11	Have you had any problems with your eyes or vision?	☐	☐
	Do you wear glasses, contact or protective eyewear?	☐	☐
12	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐

If yes, check appropriate line and explain below.

___ Head	___ Elbow	___ Hip
___ Neck	___ Forearm	___ Thigh
___ Back	___ Wrist	___ Knee
___ Chest	___ Hand	___ Shin/Calf
___ Shoulder	___ Finger	___ Ankle
___ Upper Arm		___ Foot

	Question	Yes	No
13	Do you want to weight more or less than you do now		
	Do you lose weight regularly to meet weight requirements for you sport?	☐	☐
14	Do you feel stressed out?	☐	☐

15 Record the dates for you most recent immunizations (shots) for:

Tetanus _________________ Measles _____________

Hepatitis B _______________ Chicken Pox __________

FEMALES ONLY

16 When was your first menstrual period?_______________________

When was your most recent menstrual period?_________________

How much time do you usually have from the start of one period to the start of another? ______________________________

How many periods have you had in the last year? ______________

What was the longest time between period in the last year?_______

Explain "YES" answers here: __________________________________

____

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____

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

Signature of athlete | Signature of parent/Guardian | date

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Preparticipation Physical Evaluation

Physical Examination Date of Exam

Name					Date of Birth		
Height	Weight	% Body fat (Optional)		Pulse	BP	/	(/ , /)
Vision	R 20/	L 20/	Corrected:	Y N	Pupils:	Equal	Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

Health Statement and Parent's Consent

Student's Name

(Last) (First) (Initial)

I hereby certify that the above named student is physical fit to engage in sports.

(Signature) (Date)

(Title)

Has the student had any injury or physical condition that should be watched?

If you, please list:

PARENT TO COMPLETE

If the student has health or accident insurance, list company name, policy number, and local claims address:

(Company Name) (Policy Number)

(Claims Office Address)

I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

(Date) (Signature of Parent or Guardian)

THIS CARD IS TO BE FILED IN THE SCHOOL OFFICE.

(Phone) (Street Address)