

Preparticipation Physical Examination

History:

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ Sport _____

Personal Physician _____

Address _____

Physician's Phone No. _____

Explain "Yes" answers below:

	Yes	No
1. Have you ever been hospitalized?.....	_____	_____
Have you ever had surgery?.....	_____	_____
2. Are you presently taking any medications or pills?.....	_____	_____
3. Do you have any allergies (medicines, 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?.....	_____	_____
Do you tire more quickly than your friends during 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?.....	_____	_____
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?.....	_____	_____
Have you ever had a stinger, burner or pinched nerve?.....	_____	_____
7. Have you ever had heat or muscle cramps?.....	_____	_____
Have you ever been dizzy or passed out in the heat?.....	_____	_____
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, mouth guard, eye guards, etc.)?.....	_____	_____
10. Have you had any problems with your eyes or vision?.....	_____	_____
11. 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 Chest		
Forearm Shin/calf Back Wrist Ankle Hip Hand Foot		
12. Have you ever had any medical problems (infectious mononucleosis, diabetes, etc.)?.....	_____	_____
13. Have you had a medical problem or injury since your last evaluation?.....	_____	_____
14. When was your last tetanus shot?.....	_____	_____
When was your last measles immunization?.....	_____	_____
15. 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 _____

Signature of parent/guardian _____

First Reading: April 7, 1999

Second Reading & Adoption: June 2, 1999

