

Preparticipation Physical Evaluation

Date of Exam

Name	Sex	Age	DOB:
Grade	School		Sport
Address		Phone:	
Personal Physician			
Emergency contact		Phone:	

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

	YES	NO
Have you had a medical illness or injury since your last check up or sports physical?		
Do you have an ongoing or chronic illness?		
Have you ever been hospitalized overnight?		
Have you ever had surgery?		
Are you currently taking any prescription or non prescription medications?		
Have you ever taken any supplements to lose, gain weight, or improve performance?		
Do you have any allergies?		
Have you ever had a rash or hives develop during or after exercise?		
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 to your heart or skipped heartbeat?		
Have you had high blood pressure or high cholesterol?		
Have you ever been told you have a heart murmur?		
Has any family member of relative close to you died of heart related problems before the age of 50?		
Do you have any skin problems?		
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?		
Have you ever become ill from exercising in the heat?		
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?		
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)?		
Have you had any problems with your eyes or vision?		
Do you wear glasses, contact or protective eyewear?		
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 problems with pain or swelling in muscles, tendons, bones, or joints?		
If yes check appropriate line and explain below		
Do you want to weight more or less than you do now?		
Do you lose weight regularly to meet weight requirements for your sport?		
Do you feel stressed out?		
Record the dates for your most recent immunizations		
Females only		
What age were you when you started 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 start of another?		
How many periods have you had in the last year?		
What was the longest time between periods in the last year?		

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Date of Exam _____

Name _____	Date of Birth _____
Height _____	Weight _____
Pulse _____	B/P _____
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 _____

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

Signature _____ Title _____ Date _____

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

Parent to complete

If the student above has Health or accident insurance, list company name, policy number and local claims 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 trip. 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.

Signature of Parent or Guardian and date
