PREPARTICIPATION PHYSICAL EVALUATION

Date _____

Name _____ Sex _____ Age _____ DOB _____

Sports _____ _____ STUDENT ID#: A_____

HISTORY

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 (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?	☐	☐
	Do you tire more quickly than your friends during exercise?	☐	☐
	Have you ever had high blood pressure?	☐	☐
	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	☐	☐
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 every 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 guards, etc.)?	☐	☐
10.	Have you had any problems with your eyes or vision?	☐	☐
	Do you wear glasses or contacts or protective eye wear?	☐	☐
11.	Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones of joints?	☐	☐
	☐ Head ☐ Hand ☐ Foot ☐ Knee ☐ Back ☐ Hip ☐ Neck ☐ Forearm		
	☐ Chest ☐ Thigh ☐ Wrist ☐ Elbow ☐ Ankle ☐ Shoulder ☐ Shin/calf		
12.	Have you have any other medical problems (infectious mononucleosis, diabetes, etc.)?	☐	☐
13.	Have you had a medical problem or injury since your last evaluation?	☐	☐
14.	Have you ever been hospitalized or treated for psychological problems or emotional instability?	☐	☐

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

Signature of Athlete _____ Date _____

Physical Examination

Name _____ Age _____

Height _____ Weight _____ BP _____/_____ Pulse _____

Vision R 20/_____ L 20/_____ Corrected Y N Pupils _____

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			
Tanner Stage	1 2 3 4 5		
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for:_____

C. Not cleared for: ____Collision ____Contact ____Noncontact ____Strenuous ____Moderately Strenuous ____Nonstrenuous

Due to_____

Recommendation_____

_____

_____

Name of Physician _____ Date _____

Address_____ Phone_____

Signature of Physician _____