



High School Pre-Participation Physical Exam - (2019-20)

Name: _____ Sex: _____ Birth date: _____ Age: _____

Incoming Grade (Circle one): 9 10 11 12

To be completed by participant (must be completed each year):

Head Injury / Concussion?	Yes	No	Allergies / Skin Problems?	Yes	No
Bone / Joint Disorder?	Yes	No	Allergic to bee stings?	Yes	No
Broken Bones / Fractures?	Yes	No	Epi-Pen Needed?	Yes	No
Dislocations?	Yes	No	Stinger / Burner?	Yes	No
Eye or Ear Problems?	Yes	No	Heat or Muscle Cramps?	Yes	No
Fainting or Convulsions?	Yes	No	Heat Exhaustion or Stroke?	Yes	No
High or Low Blood Pressure?	Yes	No	Mental Illness?	Yes	No
Anemia, Leukemia or Bleeding Disorder?	Yes	No	Surgery?	Yes	No
Diabetes?	Yes	No	Please Explain: _____		
Insulin Needed?	Yes	No	_____		
Ulcers, colitis, or other stomach problems?	Yes	No	_____		
Kidney or bladder problems?	Yes	No	Other Illness? _____		
Hernia?	Yes	No	_____		
			Tetanus Booster Date: _____		

Have you had any new injuries since your last physical? (Please explain)

Are you currently taking **any** medications? (Please name any medications and their purpose)

Are you allergic to any medications, insect stings, etc? (Please explain)

To be completed by a physician:

Height: _____ Weight: _____
 Vision: R 20/ _____ L 20/ _____

Blood Pressure: _____/_____/_____ Pulse: _____
 Vision Corrected: N/A R 20/ _____ L 20/ _____

Heart	Normal	Abnormal
Lungs	Normal	Abnormal
Skin	Normal	Abnormal
Abdomen	Normal	Abnormal
Genitalia	Normal	Abnormal
Neurologic	Normal	Abnormal
Musculoskeletal	Normal	Abnormal
Neck	Normal	Abnormal
Shoulder	Normal	Abnormal
Elbow	Normal	Abnormal
Wrist / Hand	Normal	Abnormal
Back	Normal	Abnormal
Knee	Normal	Abnormal
Ankle / Foot	Normal	Abnormal

Cleared For Sport Participation? Yes____ No____

Limitations: _____

Further Evaluation Required: _____

Physician Signature: _____
 Physician Name: _____
 Physician ID #: _____
 Date: _____