Washington Interscholastic Activities Association (WIAA)

PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name ______________________________ Birth Date __________ Exam Date __________

Address ____
City *Zip*

Phone (   ) ____________________ Sport(s) ______________________________

HISTORY

		Yes	No	
1.	a.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
	b.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
	c.	☐	☐	Do you have any chronic or recurrent illness?
	d.	☐	☐	Have you ever had any illness lasting more than a week?
	e.	☐	☐	Have you ever been hospitalized overnight?
	f.	☐	☐	Have you had any surgery other than tonsillectomy?
	g.	☐	☐	Have you ever had any injuries requiring treatment by a physician?
	h.	☐	☐	Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2.		☐	☐	Are you presently taking ANY medications (including birth control pills, vitamins, aspirin, etc.)?
3.		☐	☐	Do you have ANY allergies (medicine, bees, foods, or other factors)?
4.	a.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
	b.	☐	☐	Do you tire more easily or quickly than your friends during exercise?
	c.	☐	☐	Have you ever had any problem with your blood pressure or your heart?
	d.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5.		☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
6.	a.	☐	☐	Have you ever had fainting, convulsions, seizures, or severe dizziness?
	b.	☐	☐	Do you have frequent severe headaches?
	c.	☐	☐	Have you ever had a “stinger” or “burner” or “pinched nerve”?
	d.	☐	☐	Have you ever been “knocked out” or “passed out”?
	e.	☐	☐	Have you ever had a neck or head injury?
7.		☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
8.		☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
9.	a.	☐	☐	Do you wear eyeglasses, contact lenses or protective eye wear?
	b.	☐	☐	Have you ever had any problem with your eyes or vision?
10.		☐	☐	Do you wear any dental appliance such as braces, bridge, plate, retainer?
11.	a.	☐	☐	Have you ever had a knee injury?
	b.	☐	☐	Have you ever had an ankle injury?
	c.	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
	d.	☐	☐	Have you ever had a broken bone (fracture)?
	e.	☐	☐	Have you ever had a cast, splint, or had to use crutches?
	f.	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12.		☐	☐	Has it been more than five years since your last tetanus booster shot?
13.		☐	☐	Are you worried about your weight?
14.		☐	☐	FEMALES: Have you any menstrual problems?
15.		☐	☐	Have you any medical concerns about participating in your sport?

(Athlete should not write below this line)

EXAMINER’S COMMENTS ON ALL “YES” ANSWERS (refer to question number):

____

____

____

____

____

PHYSICAL EXAMINATION

Name ______________________________

Age __________ Pulse ______________

Height ________ Blood Pressure __________

Weight ________ Visual Acuity: Left 20/_____ Right 20/_____

Optional

Urinalysis:

Body Fat %:

HCT:

EST VO2 Max:

Audiometry:

Normal			Abnormal	
☐	1.	Head	☐	______
☐	2.	Eyes (pupils), ENT	☐	______
☐	3.	Teeth	☐	______
☐	4.	Chest	☐	______
☐	5.	Lungs	☐	______
☐	6.	Heart	☐	______
☐	7.	Abdomen	☐	______
☐	8.	Genitalia	☐	______
☐	9.	Neuralgic	☐	______
☐	10.	Skin	☐	______
☐	11.	Physical Maturity	☐	______
☐	12.	Spine, Back	☐	______
☐	13.	Shoulders, Upper extremities	☐	______
☐	14.	Lower extremities	☐	______

Assessment: (please mark one)

- ☐ Full participation
- ☐ Limited participation *(describe limitations, restrictions):*
- ☐ Participation contraindicated *(list reason):*

ATTENTION - Middle School WRESTLERS:

Wrestling Weight Recommendations: I recommend that the student designated above should not be allowed to wrestle any weight less than the indicated classification circled herewith:

Junior High	80	86	92	98	104	110	116	122	128	134	140	148	156	164	190	210	240	270

ATTENTION - HIGH SCHOOL WRESTLERS:

WEIGHT DETERMINED BY WIAA WEIGHT MANAGEMENT PROGRAM. SEE YOUR COACH FOR DETAILS.

Date ____________________ Examiner's Signature____________________

Examiner's Phone (   ) ____________ Examiner's Name Printed ____________________