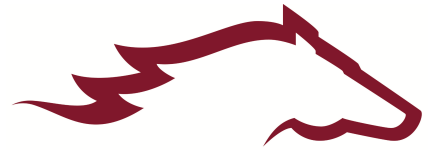


FOXCROFT ACADEMY SPORTS MEDICINE



Pre-participation Physical Evaluation

Name _____ DOB _____ Sex: Male / female
 Address _____ Phone _____ YOG _____
 Personal Health Care Provider _____

Explain "Yes" answers below	YES	NO
1. Have you ever been hospitalized? Have you ever had surgery?		
2. Are you presently taking any medication or pills?		
3. Do you have any allergies? (medicine, insects, food?)		
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 a racing heart or skipped heart beats?		
5. Do you have skin problems (itching, rashes, acne?)		
6. Have you ever had a head injury? Have you ever been knocked unconscious? Have you ever had a seizure? Have you ever had a stinger, burn 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 guard etc)?		
10. Have you had any problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?		
11. Have you ever experienced a sprain/strain, dislocation, fracture, or repeated swelling of any bones or joints?		
12. Have you ever had any medical problems (infectious mononucleosis, diabetes etc)?		

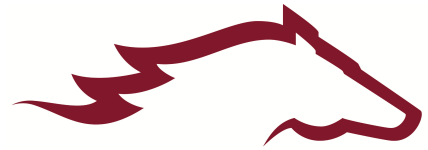
When was your last tetanus shot? _____ When was your last measles immunization? _____
 When was your last menstrual period? _____

I hereby state that to the best of my knowledge, the answers to the above questions are correct.

Date _____ Signature of Student Athlete _____

Date _____ Signature of Parent/Guardian _____

FOXCROFT ACADEMY SPORTS MEDICINE



Pre-participation Physical Evaluation

Height _____ Weight _____ Blood Pressure ____/____ Pulse _____
 Vision R 20/____ L20/____ Corrected Y N Pupils _____

	Normal	Abnormal findings					initial
Cardiopulmonary							
Pulses							
Heart							
Lungs							
Tanner Stage		1	2	3	4	5	
Skin							
Abdominal							
Genitalia							
Musculoskeletal							
Neck							
Shoulders							
Elbows							
Wrists							
Hands							
Back							
Knees							
Ankles							
Feet							
Other							

Clearance: Cleared Not cleared for : collision contact non-contact strenuous

Due to _____

Reccommendation _____

Healthcare provider signature _____ Date _____