## PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

(Physicals are valid for one year after date of exam)

Name:	Birth Date:	_Exam Date:	
Address:	City:	Zip:	
Phone:	Sport:	Sex	_ Grade

## 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?
c.    d.    e.    f.    g.    h.	Have you ever had any injuries requiring treatment by a physician?
=	Do you have any organ missing other than tonsils ( appendix, eye, kidney, testicle, etc.)?
2.	Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3. 🗌	Do you have ANY allergies (medicines, 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. 📙 8. 🗌	Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
	Have you had asthma, or trouble breathing, or cough during or after exercise?
9 a. □ b. □	<ul> <li>Do you wear eyeglasses, contact lenses or protective eye wear?</li> <li>Have you had any problem with your eyes or vision?</li> </ul>
10.	Do you wear any dental appliance such as braces, bridge, plate, retainer?
10. 🔲 11 a. 🗌	Have you ever had a knee injury?
на. <u>П</u>	Have you ever had an ankle injury?
b. 🗌 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?
e. □ f. □	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12. 🗍	Has it been more than 5 years since your last tetanus booster shot?
12. 🔲 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 *****

## \*\*\*\*\* ATHLETE SHOULD NOT WRITE BELOW THIS LINE \*\*\*\*\*

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

## PHYSICAL EXAMINATION

				Optional				
Age:		Pulse:		Urinalysis:				
Height:		Blood Pressure:		Body Fat %				
Weight: Visual Acuity: Left 20/ Right 20/			HCT:					
		Night 20,		EST VO2 Max:				
				Audiometry:				
Normal	I	At	onormal					
	1.	Head						
	2.	Eyes (pupils), ENT		_				
	3.	Teeth						
	4.	Chest						
	5.	Lungs						
	6.	Heart						
	7.	Abdomen						
	8.	Genitalia						
	9.	Neurologic						
	10.	Skin						
	11.	Physical Maturity						
	12.	Spine, Back						
	13.	Shoulders, Upper extremities						
	14.	Lower extremities						
Assess	ment:	Full participation						
		Limited participation (describ	e limitations, restr	ictions):				
Participation contraindicated (list reasons):								
Recom	mendatio	ons (equipment, taping, rehabilitatio	n, etc.):					
DATE:	DATE: EXAMINER'S SIGNATURE:							
EXAMI	EXAMINER'S PHONE: ( ) PRINT EXAMINER'S NAME:							