PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION This form is not required as long as the conditions of WIAA Regulation 18.13.0 are met.

| Name:      | Birth Date:  | Exam Date:   |  |  |  |  |
|------------|--|--|--|--|--|--|
| Address: _ | City:  | Zip:   |  |  |  |  |
| Phone:     | Sport:   | Grade  |  |  |  |  |
| HISTORY    |  |  |  |  |  |  |
| Yes  1 a.  | No Have you had any illness/injury recently, or do you have an illne Have you had a medical problem, illness or injury since your las Do you have any chronic or recurrent illness? Have you ever had any illness lasting more than a week? Have you ever been hospitalized overnight? Have you had any surgery other than tonsillectomy? Have you have any organ missing other than tonsill (appendix, ey Are you presently taking ANY medications (including birth control Do you have ANY allergies (medicines, bees, foods, or other fact Have you ever had chest pain, dizziness, fainting, passing out of Do you tire more easily or quickly than your friends during exerce Have you ever had any problem with your blood pressure or you Have any close relatives had heart problems, heart attack or sur Do you have any skin problems (acne, itching, rashes, etc.)? Have you ever had fainting, convulsions, seizures or severe dizzing Do you have frequent severe headaches? Have you ever had a "stinger" or "burner" or "pinched nerve"? Have you ever had a neck or head injury? Have you ever had a heat exhaustion, heat stroke, heat cramps on Have you had asthma, or trouble breathing, or cough during or a Do you wear eyeglasses, contact lenses or protective eye wear Have you had any problem with your eyes or vision? Do you wear any dental appliance such as braces, bridge, plate Have you ever had a knee injury? Have you ever had an ankle injury? Have you ever had an ankle injury? Have you ever had an ankle injury? Have you ever had a proken bone (fracture)? Have you ever had a proken bone (fracture)? Have you ever had a cast, splint, or had to use crutches? Must you use special equipment for competition (pads, braces, Has it been more than 5 years since your last tetanus booster sind the power had a concerns about participating in your sporting the power had a concerns about participating in your sporting the power had a concerns about participating in your sporting the power had a concerns about participating in your sporting the power had a concern | an? eye, kidney, testicle, etc.)? erol pill, vitamin, aspirin, etc.)? ctors)? during or after exercise? cise? ur heart? edden death before they were age 50? eziness?  or similar heat-related problems? after exercise? e, retainer?  etc.)?  neck roll, etc.)? ehot?  ow THIS LINE ***** |  |  |  |  |
|            |  |  |  |  |  |  |

## PHYSICAL EXAMINATION

|  |             |                                  |  | Optional  |  |  |
|--|-------------|----------------------------------|--|---|--|--|
| Age:   |             | Pulse:                           |  | Urinalysis:   |  |  |
| Height   | :           | Blood Pressure:                  |  | Body Fat %  |  |  |
| Weigh  | t:          | Visual Acuity: Left 20/          |  | HCT:  |  |  |
|  |             | Right 20/                        |  |   |  |  |
|  |             | Wrestling                        |  | EST VO2 Max:  |  |  |
| Minimum Weight Recommended circled below:                  |             |                                  |  |   |  |  |
| High S   | chool We    | ight Classification: 103 112 119 | Audiometry:  |   |  |  |
| 145 1  | 52 160 1    | 71 189 215 275 (must be over     |  |   |  |  |
| Junior   | High Scho   | ool Weight Classification: 80 86 |  |   |  |  |
| 120 125 130 137 144 152 160 168 180 210 240 270            |             |                                  |  |   |  |  |
| Norma  | ıl          |                                  | Abnormal   |   |  |  |
|  | 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                |  |   |  |  |
| ٨٥٥٩٥  | Assessment: |                                  |  |   |  |  |
|  |             |                                  | Full participation Limited participation (describe limitations, restrictions): |   |  |  |
|  |             |                                  |  | or head injuries (any findings/recommendations are listed)      |  |  |
|  |             |                                  | a for corrections are  | or read injuries (dify initialligoresserimentations are inseed) |  |  |
|  |             | _                                |  |   |  |  |
|  |             | Participation contraindicat      | red (list reasons):  |   |  |  |
| Recommendations (equipment, taping, rehabilitation, etc.): |             |                                  |  |   |  |  |
|  |             |                                  |  |   |  |  |
| DATE:  |             |                                  |  | GNATURE:  |  |  |
| EXAMINER'S PHONE: ( )                                      |             |                                  | PRINT EXAMINE  | RINT EXAMINER'S NAME:   |  |  |