## **Birmingham Public Schools Preparticipation Physical Evaluation**

HISTORY		DATE OF EXAM				A current-year physical is one given on or after April 15 of the previous school year.				
١	Name				Se	ex Ag	e Da	ate of birth		_
GradeSchool		Spor	rts							_
		·								
										_
	In case of emergency, co									_
	• •	Relationship_				Phone (H)		(W)		
	14	• • •						(/		
	Turlein "Voo" answers held									
	Explain "Yes" answers belo Circle questions you don't k		Yes	No					Yes	No
1.	Have you had a medical illne check up or sports physical?				10.			ective or corrective en't usually used for your		
	Do you have an ongoing or o	chronic illness?				sport or position	on (for example	knee brace, special		
2.	Have you ever been hospital Have you ever had surgery?					neck roll, foot hearing aid)?	orthotics, retair	ner on your teeth,		
3.	Are you currently taking any	prescription or			11.	Have you had		with your eyes or vision?	□	
	nonprescription (over the cou using an inhaler?	unter medications) or pills or				Do you wear g		ets or protective		
	Have you ever taken any sup	pplements or vitamins to help			12.		r had a sprain,	strain or swelling after		
4	you gain or lose weight or im	nprove your performance?				injury?		-		
4.	Do you have any allergies (for medicine, food, or stinging in	nsects)?				any joints?		d any bones or dislocated		
	Have you ever had a rash or	r hives develop during or after				Have you had		olems with pain or		
5.	exercise? Have you ever passed out do	uring or after exercise?					ppropriate box	, bones or joints? and explain below.		
	Have you ever been dizzy du	uring or after exercise?				□ Head	□ Flbow	☐ Hip		
	Have you ever had chest pai Do you get tired more quickly	in during or after exercise? ly than your friends do during				□ Neck □ Back	□ Forearm □ Wrist	□ Thigh □ Knee		
	exercise?					□ Chest	□ Hand	☐ Shin/calf		
	Have you ever had racing of heartbeats?	your heart or skipped				☐ Shoulder ☐ Upper arm	☐ Finger	□ Ankle □ Foot		
	Have you had high blood pre				13.	Do you want to		or less than you do now?	□	
	Have you ever been told you Has any family member died					Do you lose w requirements f		to meet weight		
	sudden death before age 50	)?			14.	Do you feel str				
	Have you had a severe viral				15.	Record the da	te of your mos	t recent immunizations (if	known)	for:
	myocarditis or mononucleosi Has a physician ever denied					Tetanus	4	Measles		
2	participation in sports for any	y heart problems?	_	_				Chickenpox		
6.	Do you have any current skir itching, rashes, acne, warts,				FEN	MALES ONLY	·			_
7.	Have you ever had a head in	njury or concussion?				When was you	ır first menstru	al period?		
	Have you ever been knocked or lost your memory?	d out, become unconscious,				When was you	ur most recent	menstrual period?		_
	Have you ever had a seizure						ie do you usual start on another	lly have from the start of or r?	ne	
	Do you have frequent or sev					How many per	riods have you	had in the last year?		_
	Have you ever had numbnes hands legs or feet?	3S OF tingling in your arms,	Ц		Evn	What was the	longest time be	etween in the last year		
_	Have you ever had a stinger					Idiii i eə anə	Weis liele			_
8. 9.	Have you ever become ill fro Do you cough, wheeze, or ha									_
٥.	or after activity?	140 trouble 2. can								_
	Do you have asthma?  Do you have seasonal allerg	ries that require medical								_
	treatment?	165 triat roquiro modicar					· · · · · · · · · · · · · · · · · · ·			_
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		the disclosure to the MHSAA scholastic athletics. I also h								€ OI
	estions are complete and co		leicoy	/ Sidio	, iliai,	to the boot of	IIIy Kilowicas	je, my answers to the t	10000	
-	·									
Sic	gnature of athlete	Sig	natur	e of pa	arent/g	guardian		Date		

## **Preparticipation Physical Evaluation**

PHYSICAL EXAMINATION							
Name		Date of birth					
Height Weight	% Body fat (optional)	Pulse BP					
Vision R 20/ L 20/	Corrected: Y N	Pupils: Equal	Unequal				
	NORMAL	ABNORMAL FINDINGS	INITIALS				
MEDICAL							
Appearance							
Eyes/Ears/Nose/Throat							
Lymph Nodes							
Heart							
Pulses							
Lungs							
Abdomen							
Genitalia (Males only)							
Skin							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand							
Hip/thigh							
Knee							
Leg/ankle							
Foot							
Station based examination only	<u> </u>						
CLEARANCE							
□ Cleared							
☐ Cleared after completing evaluation	n/rehabilitation for:						
☐ Not Cleared for:	F	Reason:					
Recommendations:	·						
Recommendations							
Name of Physician (Print/Type)			Date				
			Dhana				
Address			Phone				

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MD or DO

Signature of Physician\_