

Pre-Participation Physical

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian home phone \_\_\_\_\_ Father work # \_\_\_\_\_ Mother work # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Address \_\_\_\_\_

HEALTH HISTORY (MUST BE COMPLETED PRIOR TO THE EXAMINATION)

YES OR NO – HAS THE STUDENT HAD ANY:

- 1. \_\_\_\_\_ Chronic or recurrent illness?
- 2. \_\_\_\_\_ Illness lasting over 1 week?
- 3. \_\_\_\_\_ Hospitalization?
- 4. \_\_\_\_\_ Missing organs?
- 6. \_\_\_\_\_ Allergies (medications, food)?
- 7. \_\_\_\_\_ Problems with heart/blood pressure?
- 8. \_\_\_\_\_ Chest pain/severe shortness of breath  
W/exercise?
- 9. \_\_\_\_\_ Dizziness or fainting with exercise?
- 10. \_\_\_\_\_ Fainting, bad headaches or convulsions?
- 11. \_\_\_\_\_ Concussion or loss of consciousness?
- 12. \_\_\_\_\_ Heat exhaustion, heatstroke, or other  
problems with heat?

YES OR NO – IS THERE ANY HISTORY OF:

- 13. \_\_\_\_\_ Injuries requiring physical treatment?
- 14. \_\_\_\_\_ Neck or back injury?
- 15. \_\_\_\_\_ Knee injury?
- 17. \_\_\_\_\_ Ankle injury?
- 18. \_\_\_\_\_ Other serious joint injury?
- 19. \_\_\_\_\_ Broken bones (fractures)?

YES OR NO – FURTHER HISTORY:

- 20. \_\_\_\_\_ Is there any reason why this student  
should not participate in sports?
- 21. \_\_\_\_\_ Has any family member died  
suddenly at less than 40 years of age?  
Of causes other than an accident?
- 22. \_\_\_\_\_ Has any family member had a heart  
attack at less than 55 years of age? Of  
what age?

YES OR NO – DOES THIS STUDENT:

- 23. \_\_\_\_\_ Wear eyeglasses or contact lenses?
- 24. \_\_\_\_\_ Wear dental bridges, braces, retainers or plates?
- 25. \_\_\_\_\_ Take any medications? Please list. \_\_\_\_\_

Date of last known tetanus shot: \_\_\_\_\_

Use this space to explain any yes answers to the above questions:

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Athletic Medical Exam Screening

General Examination to be completed by the examining physician

Sport (s) \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal (describe)</u>	Pulse _____
Eyes, Ears, Nose, Throat: _____			Blood Pressure _____
Skin: _____			Height _____
Lungs: _____			Weight _____
Heart: _____			Visual Acuity R: _____
Abdomen: _____			L: _____

Suggested Musculoskeletal Exam

			NL	AB	Describe Abnormal
<b>Neck</b>					
Motion/Strength					
Flexion	_____				
Extension	_____				
Rotation	_____				
Lateral Flexion Right	_____				
Lateral Flexion Left	_____				
<b>Shoulder</b>					
MOTION/STRENGTH					
Forward Flexion	_____				
Abduction	_____				
Extension	_____				
Internal Rotation	_____				
External Rotation	_____				
Horizontal Adduction	_____				
STABILITY	_____				
A/C JOINT	_____				
<b>Elbow</b>					
MOTIONS/STRENGTH					
Biceps Flexion	_____				
Triceps Extension	_____				
Supination	_____				
Pronation	_____				
<b>General Flexibility</b>					
Hamstrings	_____				
Lumbar Spine	_____				
Adductors	_____				
Achilles	_____				
Wrist/Hand	_____				
<b>Ankle</b>					
Motion/Strength					
Plantar Flexion	_____				
Dorsiflexion	_____				
Inversion	_____				
Eversion	_____				
Spine/Scoliosis	_____				

Recommendations:

- \_\_\_\_\_ **UNLIMITED PARTICIPATION**
- \_\_\_\_\_ Clearance withheld pending further evaluation (comment below)
- \_\_\_\_\_ Participation limited to specific cheer/spirit components (comment below)
- \_\_\_\_\_ NO cheer/spirit participation (comment below)

Comments:

\_\_\_\_\_  
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Signature \_\_\_\_\_ MD/DO Date \_\_\_\_\_