

TMA/TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM

Personal History

Name	Sex	Age	DOB
Grade	Sport(s)		
School			
Personal Physician	Address	Telephone	
Have you every had a preparticipation physical before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/where _____			

No

Please explain "Yes" answers below.

1. Have you ever been hospitalized? _____
- Have you ever had surgery? _____
2. Are you presently taking any medications or pills? _____
3. Do you have allergies (medicine, bees or other stinging insects)? _____
4. Have you ever passed out during exercise? _____
- Have you ever been dizzy during or after exercise? _____
- Have you ever had chest pain/discomfort during exercise? _____
- Have you had excessive, unexpected or unexplained shortness of breath during exercise? _____
- Do you tire more quickly than your friends during exercise? _____
- Have you ever had high blood pressure? _____
- Have you ever been told that you have a heart murmur? _____
- Has anyone in your family died of heart problems or a sudden death before the age of 50? _____
- Has anyone in your family developed a disability from heart disease before the age of 50? _____
5. Do you have any 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, burner 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 activities? _____
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)? _____
10. Have you had any problems with your eyes or vision? _____
- Do you wear glasses or contacts or protective eye wear? _____
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? _____
- _____ Head _____ Shoulder _____ Thigh _____ Neck _____ Elbow
- _____ Knee _____ Chest _____ Forearm _____ Shin/Calf _____ Foot
- _____ Back _____ Wrist _____ Ankle _____ Hip _____ Hand
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)? _____
13. Have you ever had a medical problem since your last evaluation? _____
14. Have you lost/gained more than 15 lbs over the last 6 months? _____
15. When was your last tetanus shot? _____
- When was your last measles shot? _____
16. When was your first menstrual period? _____
- When was your last menstrual period? _____
- When was the longest time between your periods last year? _____

Please explain "yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and with my signature give Campbell Clinic permission to perform pre-participation physical on my child.

Signature of Athlete	Signature of Parent/Guardian	Date
Signature of Coach	School	

General Physical Examination

Name _____ School _____ Grade _____

Date _____

Information below is to be completed by medical staff only.

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected? _____ Yes _____ No _____ Pupils _____

Musculoskeletal Examination

Examiner: _____

Been to Physician in past 2 years for muscle, joint, or bone pain? _____ No Yes _____

	Normal	Abnormal Findings
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
General Strength	_____	_____
General Flexibility	_____	_____

General Notes/Other:

Internal Medicine

Examiner: _____

	Normal	Abnormal Findings
Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Skin/Lymphatic	_____	_____
Abdominal	_____	_____

General Notes/Other:

Official Recommendation

This athlete _____ may _____ may not compete in athletics based on the data gathered from this exam.

Prior to participation, treatment or follow-up on the following is **recommended / required:**

Recommend further consultation with

Examiner: (print) _____

(sign) _____ Date: _____