

Signature of Parent/Guardian

De La Salle High School 1130 Winton Drive, Concord, CA 94518 Phone: (925) 288-8100 Fax: (925) 686-3474

Pre-participation Physical Evaluation (Page 1 of 2)

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In case of emergency, contact: Phone (H): (W) Part 2. Medical History (The parent or guardian should fill out this circle questions you don't know answers to. Yes No Have you had a medical illness or injury since your last check-up or sports physical? Do you have an ongoing or chronic illness? Are you currently being treated for an injury or condition? Are you currently being treated for an injury or condition? Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? Have you ever had surgery? O O Are you currently remedications or pills? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? O O Do you have any allergies to medications? Do you have any allergies to medications? O O Have you ever had a rash or hives develop during or after exercise? Have you ever had a rash or hives develop during or after exercise? Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever had one or equickly than your friends during exercise? O O Have you ever had one or equickly than your friends during exercise? O O Have you ever had nest morth? Has a qono in your immediate family had the following conditions? O O Has a doctor ever denied or restricted your participation in sports for any heart problems? Has anyone in	Cell Phone: 9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you use an inhaler?	ow.	
Phone (H):	Gell Phone: 9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you use an inhaler?	ow.	
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Are you had a medical illness or injury since your last check-up or sports physical? Do you have an ongoing or chronic illness? Are you currently being treated for an injury or condition? Have you ever been hospitalized overnight? Have you ever had surgery? Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? Do you have any allergies to medications? Do you have any allergies to medications? Do you have any allergies to pollen, food or stinging insects? Have you ever had a rash or hives develop during or after exercise? Have you ever had a rash or hives develop during or after exercise? Have you ever had chest pain during or after exercise? Have you ever had racing of your heart or skipped heartbeats? Have you ever had racing of your heart or skipped heartbeats? Have you ever been told you have a heart murmur? Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? Has a doctor ever denied or restricted your participation in sports for any heart problems? Has anyone in your immediate family had the following conditions? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a numbness or tingling in your arms, hands, legs, or feet?	9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you use an inhaler?	ow.	
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Are you currently being treated for an injury or condition? Have you ever been hospitalized overnight? O Have you ever had surgery? O Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? O Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? O Do you have any allergies to medications? Do you have any allergies to pollen, food or stinging insects? O Have you ever had a rash or hives develop during or after exercise? O Have you ever been dizzy during or after exercise? O Have you ever had chest pain during or after exercise? O Do you get tired more quickly than your friends during exercise? O Have you ever had racing of your heart or skipped heartbeats? O Have you ever been told you have a heart murmur? Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? Has a doctor ever denied or restricted your participation in sports for any heart problems? Heart disease other Sudden death prior to age 50High Blood Pressure	Do you use an inhaler?	O	C
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Are you ever had surgery? Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? Do you have any allergies to medications? Do you have any allergies to pollen, food or stinging insects? Have you ever had a rash or hives develop during or after exercise? Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you ever been told you have a heart murmur? Have you ever been told you have a heart murmur? Have you ever been told you have a heart murmur? Has a doctor ever denied or restricted your participation in sports for any heart problems? Has anyone in your immediate family had the following conditions? Diabetes Heart disease other Sudden death prior to age 50 Haigh Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet?			C
Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? Do you have any allergies to medications? Do you have any allergies to pollen, food or stinging insects? Have you ever had a rash or hives develop during or after exercise? Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you ever been told you have a heart murmur? Have you ever been told you have a heart murmur? Have you ever been told you have a heart murmur? Has a doctor ever denied or restricted your participation in sports for any heart problems? Has anyone in your immediate family had the following conditions? Diabetes Heart disease OHer Sudden death prior to age 50 Heigh Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a seizure? O O Have you ever had numbness or tingling in your arms, hands, legs, or feet?	Do you have seasonal allergies that require medical treatment?	O	C
Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? O O Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? O O Do you have any allergies to medications? O O Do you have any allergies to pollen, food or stinging insects? O O Have you ever had a rash or hives develop during or after exercise? O O Have you ever been dizzy during or after exercise? O O Have you ever had chest pain during or after exercise? O O Have you ever had racing of your heart or skipped heartbeats? O O Have you ever been told you have a heart murmur? Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? O O Has a doctor ever denied or restricted your participation in sports for any heart problems? O Has a doctor ever denied family had the following conditions? Diabetes Heart disease O O O O O O O O O O O O O O O	10.Do you use any special protective or corrective equipment		-
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	or devices that aren't usually used for your sport or position		
gain or lose weight or improve your performance? Do you have any allergies to medications? Do you have any allergies to pollen, food or stinging insects? Have you ever had a rash or hives develop during or after exercise? Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? Has a doctor ever denied or restricted your participation in sports for any heart problems? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a head injury or concussion? Do you have frequent or severe headaches? Do you have frequent or severe headaches? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet?	(for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	О	C
Do you have any allergies to medications? OOO Do you have any allergies to pollen, food or stinging insects? OOO Have you ever had a rash or hives develop during or after exercise? OOO Have you ever passed out during or after exercise? OOO Have you ever been dizzy during or after exercise? OOO Have you ever had chest pain during or after exercise? OOO Do you get tired more quickly than your friends during exercise? OOO Have you ever had racing of your heart or skipped heartbeats? OOO Have you had high blood pressure or high cholesterol? OOO Have you ever been told you have a heart murmur? OOO Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? OOO Has a doctor ever denied or restricted your participation in sports for any heart problems? OOO Has anyone in your immediate family had the following conditions? OOO Diabetes Heart disease Other Sudden death prior to age 50 High Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? OOO Have you ever had a head injury or concussion? OOO Have you ever had a seizure? OOO Do you have frequent or severe headaches? OOO Have you ever had numbness or tingling in your arms, hands, legs, or feet?			
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Have you ever had a rash or hives develop during or after exercise? O O Have you ever passed out during or after exercise? O O Have you ever been dizzy during or after exercise? O O Have you ever had chest pain during or after exercise? O O Do you get tired more quickly than your friends during exercise? O O Have you ever had racing of your heart or skipped heartbeats? O O Have you had high blood pressure or high cholesterol? O O Have you ever been told you have a heart murmur? O O Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? O O Has a doctor ever denied or restricted your participation in sports for any heart problems? O O Has anyone in your immediate family had the following conditions? O Diabetes Heart disease other Sudden death prior to age 50 High Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? O O Have you ever had a head injury or concussion? O O Have you ever had a seizure? O O Do you have frequent or severe headaches? O O Have you ever had numbness or tingling in your arms, hands, legs, or feet?	12. Have you ever had a sprain, strain, or swelling after injury?	O	(
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exercise? O O Have you ever passed out during or after exercise? O O Have you ever been dizzy during or after exercise? O O Have you ever had chest pain during or after exercise? O O Have you get tired more quickly than your friends during exercise? O O Have you ever had racing of your heart or skipped heartbeats? O O Have you had high blood pressure or high cholesterol? O O Have you ever been told you have a heart murmur? O O Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? O O Has a doctor ever denied or restricted your participation in sports for any heart problems? Has anyone in your immediate family had the following conditions? O Diabetes Heart disease other Sudden death prior to age 50 High Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? O O Have you ever had a head injury or concussion? Have you ever had a seizure? O O Have you ever had a seizure? O O Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O	joints?	О	(
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Have you ever had chest pain during or after exercise? O O Do you get tired more quickly than your friends during exercise? O O Have you ever had racing of your heart or skipped heartbeats? O O Have you had high blood pressure or high cholesterol? O O Have you ever been told you have a heart murmur? O O Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? Has a doctor ever denied or restricted your participation in sports for any heart problems? O O Has anyone in your immediate family had the following conditions? O O Diabetes Heart disease other Sudden death prior to age 50 High Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? O O Have you ever had a head injury or concussion? O O Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? O O O Have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet?	•		
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Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? Has a doctor ever denied or restricted your participation in sports for any heart problems? Hear disease other Sudden death prior to age 50 High Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet?	O Head O Elbow O Hip O Neck O Forearm O Thigh		
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Have you ever been told you have a heart murmur? O O Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? O O Has a doctor ever denied or restricted your participation in sports for any heart problems? Has anyone in your immediate family had the following conditions? O Diabetes Heart disease other Sudden death prior to age 50 High Blood Pressure Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Have you ever had a seizure? O O Have you ever had a seizure? O O O Have you ever had numbness or tingling in your arms, hands, legs, or feet?	O Back O Wrist O Knee O Chest O Hand O Shin/calf		
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Has anyone in your immediate family had the following conditions? Diabetes Heart disease other	, , , ,		
Sudden death prior to age 50High Blood Pressure	14. Do you lose weight regularly to meet requirements for yoursport	t? O	(
Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O			
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Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O	16. Do you or hove you ever youd:	0	
Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O	16. Do you or have you ever used: Smokeless tobacco Cigarettes	О	(
lost your memory? O O Have you ever had a seizure? O O Do you have frequent or severe headaches? O O Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O	Alcohol Illegal drugs		
Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O	ogu u.ugo		-
Do you have frequent or severe headaches? O O Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O	17. Have you ever tested positive for COVID-19	O	_
legs, or feet?	17. Have you ever lested positive for COVID-13	U	·
mave you ever nag a stinger, purner, or pinched nerve? O O			
Have you ever become ill from exercising in the heat? O O			
xplanation:			_
			_
nereby state that, to the best of my knowledge, my answers to the above que			

Signature of Student

Date



De La Salle High School 1130 Winton Drive, Concord, CA 94518 Phone: (925) 288-8100 Fax: (925) 686-3474

Pre-participation Physical Evaluation (Page 2 of 2)

Name: Date of				rth:
Height: Weight:	eight: Weight: % Body Fat (optional) Pulse: BP:			
Vision: R 20/ L 20)/	Glasses/Contacts: Yes No	Pupils: Equal	_Unequal
Findings	Normal	Abnormal Findings		Initials*
Medical				
Appearance				
Skin				
Eyes/Ears/Nose				
Throat/ Oropharynx				
Lymph Nodes				
Heart				
Pulses				
Lungs				
Abdomen				
Genitalia/ Hernia				
Musculoskeletal				
Neck				
Back				
Shoulder/arm				
Elbow/forearm				
Wrist/hand				
Hip/thigh				
Knee				
Leg/ankle				
Foot				
Station-based examination only				
ssessment				
☐ Cleared for all phys	·	tion/rehabilitation for:		
□ Not Cleared for:		Reason:		
Name of physician MD	or DO		Date	
Address:			Phone:	

Pre-participation Physical Evaluation Forms are based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.