RHODE ISLAND
INTERSCHOLASTIC LEAGUE

PRE-PARTICIPATION
PHYSICAL EVALUATION

To be completed by athlete and parent:

Date: _____

Student-Athlete's Name: _____
Last *First* *Middle*

Address: _____
Street

_____ Phone (401) _____
City/State *Zip*

School: _____ Grade: _____

Date of Birth: _____ Age _____ Sex _____

Emergency Contact Person: _____

Emergency Phone: (____) _____

Family Doctor: _____

Address: _____
Street

_____
City/State *Zip*

Phone: (____) _____

Pre-participation History and Physical Exam

HISTORY

General	**Yes**	**No**
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___
2. Do you have an ongoing or chronic illness? _____	___	___
3. Have you ever been hospitalized overnight?	___	___
4. Have you ever had surgery?	___	___
5. Are you currently taking any prescription or non-prescription (over the counter) medications or pills?	___	___
a. prescription _____	___	___
b. non-prescription _____	___	___
(over the counter)	___	___
6. Do you have any allergies (for example: to pollen, medicine, or stinging insects)?	___	___
If yes, which one(s)? _____		
7. Do you have any dental prosthetic devices (i.e., bridges, crowns))	___	___
8. Have you had any problems with your eyes or vision? _____	___	___
9. Do you wear glasses, contacts, or protective eyewear? _____	___	___
10. Do you have any current skin problems? _____	___	___
11. Have you ever fainted or become ill from exercising in the heat?	___	___
12. If you smoke, how many packs per day? _____		
13. Do you have only one of a normally paired organ (i.e. kidney, lung, eye, testicle)?	___	___
If yes, which one(s)? _____		

Heart	**Yes**	**No**
1. Have you ever passed out during or after exercise?	___	___
2. Have you ever been dizzy after exercise?	___	___
3. Have you ever had chest pain during or after exercise?	___	___
4. Have you ever had racing of your heart or skipped heartbeats?	___	___
5. Have you ever been told you have a heart murmur?	___	___
6. Has any family member or relative died of heart problems or of sudden death before age 50?	___	___
7. Have you had a viral infection (for example: mononucleosis) within the last year?	___	___
If yes, what? _____		
8. Has a physical ever denied or restricted your participation in sports for any heart problems?	___	___

Lung	**Yes**	**No**
1. Do you cough, wheeze, or have trouble breathing during or after activity?	___	___
2. Do you have asthma?	___	___
3. Do you use an inhaler?	___	___

Musculo-Skeletal	**Yes**	**No**
1. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee brace, special neck roll, foot orthotics, retainer on your teeth)?	___	___
2. Have you ever had a sprain, strain, or swelling after injury which prevented you from participation? _____	___	___
3. Have you broken or fractured any bones or dislocated any joints?		
_____		

Head	**Yes**	**No**
1. Have you had a head injury or a concussion?	___	___
2. Have you ever been knocked out, become unconscious, or lost your memory?	___	___
3. Have you ever had a seizure?	___	___
4. Have you ever had a stinger, burner, or numbness in your arms, hands, legs or feet?	___	___
If yes, which one(s)? _____		

Nutrition	**Yes**	**No**
1. Do you skip meals during the day?	___	___
2. Do you use laxatives, diuretics, or stimulants to control your weight?	___	___
If yes, which one(s)? _____		
3. Do you feel disgusted, depressed, or guilty about your eating?	___	___
4. Do you self-induce vomiting after eating?	___	___
5. Do you restrict certain types of foods?	___	___
If yes, which one(s)? _____		
6. Have you ever taken nutritional supplements?	___	___
If yes, which one(s)? _____		
7. Do you have a food allergy?	___	___
If yes, which one(s)? _____		
8. Do you want to weigh more or less than you do now?	___	___

FEMALES ONLY

1. When was your last menstrual period? _____
2. How often do your periods occur? _____
3. Have you ever gone 4 months without getting a period? _____

Parental Permission and Authorization for Treatment

We hereby give our consent for _____ to represent his/her school in interscholastic athletics. If in the event of injury or accident either en route to the event, at the event, or en route back from the event, we also give our consent for the school to obtain any and all medical care that is deemed reasonably necessary for the welfare of the student. We realize that all reasonable efforts will be made to contact us if the above does occur.

We further state that we have completed that part of this form which requires us to list all previous injuries or conditions that are known to us and that the form is completed correct and true.

Name of Primary Medical Insurance: _____

Policy Number: _____ Expiration Date: _____

Parent or Guardian (PRINT): _____

Signature of Parent or Guardian: _____

Date: _____

PHYSICAL EXAMINATION

Name:_____

Age:_____ DOB_____

Sport(s):_____

Height:_____ Weight:_____

Date of Physical:_____

Pulse:_____ BP:_____,_____,_____

Vision: R_____ L_____ Corrected: Y N

Scoliosis Screening:_____

	Normal	Explanation
Medical		
General		
Skin		
HEENT		
Lymph Nodes		
Heart		
Lungs		
Abdomen		
Genitalia (males only)		
Pulses		
Musculo-Skeletal		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Calf		
Ankle/Foot		
Neurologic		

IMMUNIZATIONS:

1. **When was your last tetanus shot?** _____
2. **When was your last varicella shot?** _____
3. **When was your last meningococcal shot?** _____
4. **When were your HPV series shots given?** _____ _____ _____

Identified Problems:

1._____

2._____

3._____

Review by Physician:

_____ No Athletic Participation

_____Limited Participation, e.g.:_____

_____Clearance Withheld Until:_____

_____Full Unlimited Participation

Athlete requesting clearance in the following sport(s):_____

Cleared: **Yes**_____ **No**_____

Recommendations:_____

Name of Physician, NP or PA:_____

Address:_____ Phone:_____

Signature of Physician:_____, MD or DO **Date:**_____

(Physician's signature required if examination performed by nurse practitioner or physician's assistant) *Revised 10/2016*