

Pre-participation Screening / Physical Exam

☐ Vista HS**Comments / Recommendations:**

Student Name: _____

Health History - Please answer the following in the check box provided. Explain "yes" answers in the box below.

1. Have you ever been hospitalized (overnight)?	☐ Yes	☐ No
2. Have you ever had surgery?	☐ Yes	☐ No
3. Are you currently taking medication?	☐ Yes	☐ No
4. Do you have any allergies (medicines, pollen, bees)?	☐ Yes	☐ No
5. Have you ever passed out during exercise? (not from heat)	☐ Yes	☐ No
6. Have you ever been dizzy during exercise? (not from heat)	☐ Yes	☐ No
7. Have you ever had chest pain?	☐ Yes	☐ No
8. Do you tire more quickly than your friends during exercise?	☐ Yes	☐ No
9. Have you ever had high blood pressure?	☐ Yes	☐ No
10. Have you ever been told you had a heart murmur?	☐ Yes	☐ No
11. Have you ever had racing of your heart or skipped beats?	☐ Yes	☐ No
12. Has anyone in your family died of heart problems or a sudden death before age 40?	☐ Yes	☐ No
13. Does anyone in your family have Marfan's Syndrome?	☐ Yes	☐ No
14. Do you have any skin problems (itching, rashes, breaking out)?	☐ Yes	☐ No
15. Have you ever had a head injury?	☐ Yes	☐ No
Have you ever been knocked out?	☐ Yes	☐ No
Have you ever had a seizure?	☐ Yes	☐ No
Have you ever had a burner/stinger? (pain from neck to arm)	☐ Yes	☐ No
16. Have you ever had heat cramps?	☐ Yes	☐ No
Have you ever been dizzy or passed out in the heat?	☐ Yes	☐ No
17. Do you use special pads or orthotic braces?	☐ Yes	☐ No
18. Have you ever injured (broken/fractured, sprained, dislocated)?		
☐ Hand / fingers	☐ Shoulder	☐ Hip
☐ Wrist / forearm	☐ Neck	☐ Thigh
☐ Ankle	☐ Elbow	☐ Chest
☐ Foot / toes	☐ Upper	
☐ Back	☐ Stress fractures?	
19. Have you ever had?		
☐ Mononucleosis	☐ Diabetes	☐ Hepatitis
☐ Tuberculosis	☐ Measles	☐ Hemia(s)
☐ Sickle cell disease	☐ Asthma	☐ Ulcers
☐ Eye/ear injuries		
20. When was your last tetanus shot? _____		
21. About your weight: Do you think you are ...	☐ just Right?	☐ too Heavy?
For females: Are your periods	☐ Regular/monthly?	☐ Irregular / skip months?
When was your first period and how old were you? _____	When was your last period? _____	

Please ask the doctor to address any questions that you may have. All discussions are kept confidential.

Please Explain and "YES" answers here:

MEDICAL CLEARANCE

(As appropriate for age and development)

☐ Full contact/collision level (full, unrestricted participation)

☐ Clearance deferred or no participation at this time because:

☐ Needs clearance by specialist

☐ Orthopedist ☐ Cardiologist

Other: _____

☐ Needs to complete rehabilitation for current condition(s) prior to participation

Physician's Statement:

(Student's name) _____ was examined by me on _____ (date)

and found physically fit to engage in high school athletics. Results are to encourage, but in no way guarantee, the fitness and safety of this athlete.

Practitioner signature: _____ Date: _____

M.D. / D.O. / N.P. / P.A. / D.C.

(Do not sign without student's name filled in)

Physician's Office Stamp HERE (REQUIRED)

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