FORM A

Preparticipation Physical Evaluation

HISTORY Date________

Name______________________________ Sex________ Age________ Date of birth______

Grade________ Sport______________________________

Personal physician______________________ ______________________ ______________________

Physician's Address Physician's Phone

Explain "Yes" answers below:

1. Have you ever been hospitalized? .... ____Yes ____No
2. Are you presently taking any medications or pills? .... ____Yes ____No
3. Do you have any allergies (medicine, bees or other stinging insects)? .... ____Yes ____No
4. Have you ever passed out during or after exercise? .... ____Yes ____No
5. Have you ever been dizzy during or after exercise? .... ____Yes ____No
6. Have you ever had chest pain during or after exercise? .... ____Yes ____No
7. Do you tire more quickly than your friends during exercise? .... ____Yes ____No
8. Have you ever had high blood pressure? .... ____Yes ____No
9. Have you ever been told that you have a heart murmur? .... ____Yes ____No
10. Have you ever had racing of your heart of skipped heartbeats? .... ____Yes ____No
11. Has anyone in your family died of heart problems or a sudden death before age 50? . ____Yes ____No
12. Do you have any skin problems (itching, rashes, acne)? .... ____Yes ____No
13. Have you ever had a head injury? .... ____Yes ____No
14. Have you ever been knocked out or unconscious? .... ____Yes ____No
15. Have you ever had a seizure? .... ____Yes ____No
16. Have you ever had a stinger, burner or pinched nerve? .... ____Yes ____No
17. Have you ever had heat or muscle cramps? .... ____Yes ____No
18. Have you ever been dizzy or passed out in the heat? .... ____Yes ____No
19. Do you have trouble breathing or do you cough during or after activity? .... ____Yes ____No
20. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc)? .... ____Yes ____No
21. Have you had any problems with your eyes or vision? .... ____Yes ____No
22. Do you wear glasses or contacts or protective eye wear? .... ____Yes ____No
23. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? .... ____Yes ____No

____Head ____Shoulder ____Thigh ____Neck ____Elbow ____Knee ____Chest ____Forearm
____Shin/Calf ____Back ____Wrist ____Ankle ____Hip ____Hand ____Foot

24. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? ____Yes ____No
25. Have you had a medical problem or injury since your last evaluation? .... ____Yes ____No
26. When was your last tetanus shot? .... ________
27. When was your last measles immunization? .... ________
28. When was your first menstrual period? .... ________
29. When was your last menstrual period? .... ________
30. When was the longest time between your periods last year? .... ________

Explain "Yes" answers:

____
____
____
____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date ______________

Signature of athlete ______________________ Signature of parent/guardian ______________________

SUBS\SCHOOLS\MAY\MEDFORM

FORM B

Preparticipation Physical Evaluation *(continued)*

Physical Examination Date ______

Name ______ Age ______ Date of birth ______

Height ______ Weight ______ BP ______ / ______ Pulse ______
Vision (R) 20/ ______ (L) 20/ ______ Corrected Y N Pupils ______

			Normal	Abnormal Findings	Initial
COMPLETE	LIMITED	Cardiopulmonary			
		Pulses			
		Heart			
		Lungs			
		Tanner Stage	1	2 3 4 5	
		Skin			
		Abdominal			
		Genitalia			
		Musculoskeletal			
		Neck			
		Shoulder			
		Elbow			
		Wrist			
		Hand			
		Back			
		Knee			
		Ankle			
		Foot			
		Other			

Clearance: A. Cleared

B. Cleared After completing evaluation/rehabilitation for ______

C. Not cleared for: ______ Collision ______ Contact

______ Noncontact ______ Strenuous ______ Moderately strenuous ______ Nonstrenuous

Due to: ______

Recommendation: ______

Name of Physician/Medical Personnel ______ Date ______
Address ______ Phone ______

Signature of Physician/Medical Personnel ______