PRE-PARTICIPATION PHYSICAL EVALUATION

NAME ______________________ **SEX** _____ **AGE** _____ **GRADE** _____ **DATE OF BIRTH** ______________

SCHOOL ______________________ **SPORT(S)** ______________________

ADDRESS ______________________ **PERSONAL PHYSICIAN** ______________________

IN CASE OF EMERGENCY, CONTACT: NAME ______________________ **RELATIONSHIP** ______________________

PHONE (H) ______________________ **(W)** ______________________ **(C)** ______________________

EXPLAIN "YES" ANSWERS BELOW
CIRCLE QUESTIONS YOU DO NOT KNOW THE ANSWERS TO.

Question	YES	NO
1. Have you ever had a medical illness or injury since your last checkup or sports physical?	❑	❑
2. Have you ever been hospitalized overnight?	❑	❑
a. Have you ever had surgery?	❑	❑
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	❑	❑
a. Have you ever taken any supplements or vitamins to help you gain or lose weight to improve your performance?	❑	❑
4. Do you have any food allergies (for example, to pollen, medicine food, or stinging insects)?	❑	❑
5. Have you ever passed out during or after exercise?	❑	❑
a. Have you ever been dizzy during or after exercise?	❑	❑
b. Have you ever had chest pain during or after exercise?	❑	❑
c. Do you get tired more quickly than your friends do during exercise?	❑	❑
d. Have you ever had racing of your heart or skipped heartbeats?	❑	❑
e. Have you had high blood pressure or high cholesterol?	❑	❑
f. Have you ever been told you have a heart murmur?	❑	❑
g. Has any family member or relative died of heart problems or of sudden death before age 50?	❑	❑
h. Have you had a severe viral infection (for example, myocarditis or Mononucleosis) within the last month?	❑	❑
i. Has a physician ever denied or restricted your participation in sports for any heart problems?	❑	❑
6. Do you have any current skin problems? (for example, itching, rashes, acne, warts, fungus or blisters)	❑	❑
7. Have you ever had a head injury or concussion?	❑	❑
a. Have you ever been knocked out, become unconscious or lost your memory?	❑	❑
b. Have you ever had a seizure?	❑	❑
c. Do you have frequent or severe headaches?	❑	❑
d. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	❑	❑
e. Have you ever had a stinger, burner, or pinched nerve?	❑	❑
8. Have you ever become ill from exercising in the heat?	❑	❑
9. Do you cough, wheeze or have trouble breathing during or after activity?	❑	❑
a. Do you have asthma?	❑	❑
b. Do you have seasonal allergies that require medical treatment?	❑	❑
10. Do you use any special protective or corrective equipment or devices that aren't normally used for your sport or position (for example, knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	❑	❑
11. Have you had any problems with your eyes or vision?	❑	❑
a. Do you wear glasses, contacts, or protective eyewear?	❑	❑
12. Have you ever had a sprain, strain, or swelling after injury?	❑	❑
a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	❑	❑

If yes, check appropriate box and explain below:

Head	❑	Elbow	❑	Hip	❑
Neck	❑	Forearm	❑	Thigh	❑
Back	❑	Wrist	❑	Knee	❑
Chest	❑	Hand	❑	Shin/calf	❑
Shoulder	❑	Finger	❑	Ankle	❑
Upper Arm	❑	Foot	❑		

13. Record the dates of your most recent immunization shots for:

Tetanus______________ Measles ______________

Hepatitis B ______________ Chicken Pox ______________

14. Current Health Insurance Information:

Company ______________________

Address ______________________

Policy # ______________________

In name of:______________________

Send claim to:______________ Phone # ______________

EXPLAIN "YES" ANSWERS HERE:

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❑ ***I attest that my son/daughter has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at his/her high school or at our home.***

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

SIGNATURE OF ATHLETE

______________________________Date:______________

SIGNATURE OF PARENT/GUARDIAN

______________________________Date:______________