Preparticipation Physical Evaluation

Name_____**Age**_____**Sex**_____**DOB**_____

Address_____**Phone**_____

Grade_____**Personal Physician**_____**Phone**_____

Parent or Guardian should have form completed and signed prior to arriving for examination. You must explain all YES answers.

	YES	NO
1. Are you currently under a doctor's care for any reason?		
2. Have you ever been hospitalized ?		
3. Have you ever had surgery ?		
4. Are you currently on any medications or pills ?		
5. Do you have any allergies ?		
6. Have you ever been dizzy or passed out during exercise ?		
7. Have you ever had chest pain during exercise ?		
8. Have you ever had high blood pressure ?		
9. Have you ever been told that you have a heart murmer ?		
10. Have you ever had racing of your heart or skipped heartbeats ?		
11. Have you ever had a head injury ?		
12. Have you ever been knocked unconscious ?		
13. Have you ever had a seizure ?		
14. Have you ever had a stinger, burner, or pinched nerve ?		
15. Have you ever been dizzy or passed out in the heat ?		
16. Do you have trouble breathing or do you cough during exercise ?		
17. Do you have any skin problems (itching, rashes, etc…) ?		
18. Have you had any problems with your eyes or vision ?		
19. Do you wear glasses or contacts or protective eyewear ?		
20. Do you use any special equipment (braces, mouth guards,etc… ?		

	YES	NO
21. Has anyone in your family died of heart problems before the age of 50 ?		
22. Do you have only one working organ of usually paired organs, (one eye, one kidney,etc…) ?		
23. Have you ever sprained, broken, dislocated, or had repeated swelling or pain of any bones or joints ?		
24. Have you had any other medical problems ?		
Head Neck Chest Shoulder Back		
Hand Wrist Elbow Forearm Hip		
Thigh Knee Ankle Shin/Calf Foot		
CIRCLE ALL THAT APPLY		
25. Have you had any medical problems since you last evaluation ?		
26. Any special instructions or precautions ?		
27. When was your last tetanus shot ?		
28. (WOMEN ONLY)		
First menstrual period_____		
Last menstural period_____		
Longest time between periods during the last year_____		

Explain all YES answers by question number. Please list all medications taken on a regular basis.

_____

_____

_____

I hereby state that, to the best of my knowledge, the answers to the above questions are correct. I understand that by performing this examination , the undersigned physician does not assume responsibility for the medical care of this individual

Signature of Parent or Guardian_____Date _____

DO NOT WRITE BELOW THIS LINE

B/P_____**PULSE**_____**RESP.**_____ **HEIGHT**_____**WEIGHT**_____**Vision: R**_____ **L**_____

Urinalysis : Glucose_____ **Bili**_____**Ketones**_____**Sp. Gravity**_____**Blood**_____

Ph_____ **Protein**_____ **Urobilogen**_____ **Nitrate**_____ **Leuks**_____

	Normal	Findings	Initials
HEENT			
Skin			
Heart			
Lungs			
Abdomen			
Ortho			
Flex			

_____ Cleared for sports

_____ Cleared with the following restrictions:_____

_____ Not Cleared

Recommendations:_____

Physicians Signature_____Date_____