

CABRILLO HIGH SCHOOL ATHLETIC PHYSICAL FORM

ATHLETIC PRE-PARTICIPATION EVALUATION (HISTORY)

Please be advised that this is a pre-participation screening physical exam and in no way constitutes a complete physical examination.

Student Name: _____ M ☐ F ☐ Date of Birth: _____

Date of last examination by doctor (approximate): _____ Date of last tetanus booster: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO

Have you been under a doctor's care in the last 12 months? ☐ Yes ☐ No
 Have you been in the hospital in the last 12 months? ☐ Yes ☐ No
 Have you ever had any type of surgery? ☐ Yes ☐ No
 (If yes, briefly explain: _____)

Do you want to talk to a doctor about a health problem or injury? ☐ Yes ☐ No

HAS ANYONE IN YOUR IMMEDIATE FAMILY EVER HAD:

Heart trouble? ☐ Yes ☐ No
 High blood pressure? ☐ Yes ☐ No
 Has anyone in your family, under age 50, died suddenly? ☐ Yes ☐ No

HAVE YOU HAD OR DO YOU NOW HAVE:

Temporary loss of vision? ☐ Yes ☐ No
 Wear glasses or contact lens? ☐ Yes ☐ No
 Migraine headaches? ☐ Yes ☐ No
 Hearing loss? ☐ Yes ☐ No
 Perforated ear drum? ☐ Yes ☐ No
 Sinus infections? ☐ Yes ☐ No
 Broken nose? ☐ Yes ☐ No
 Dental plate (dentures)? ☐ Yes ☐ No
 Orthodontics (teeth straightened)? ☐ Yes ☐ No
 Hernia? ☐ Yes ☐ No
 Brain concussion (head injury)? ☐ Yes ☐ No
 Tendency to lose consciousness (faint)? ☐ Yes ☐ No
 Skull fracture? ☐ Yes ☐ No
 Convulsions or epilepsy? ☐ Yes ☐ No
 Neck injury? ☐ Yes ☐ No
 Very bad (impaired) vision in one eye? ☐ Yes ☐ No
 Kidney problems? ☐ Yes ☐ No
 Diabetes (high sugar in blood or urine)? ☐ Yes ☐ No
 Tendency to bleed or bruise easily? ☐ Yes ☐ No
 Anemia (tired blood)? ☐ Yes ☐ No
 Asthma (wheezing)? ☐ Yes ☐ No
 Hay fever? ☐ Yes ☐ No
 Hives or rash? ☐ Yes ☐ No
 Bee sting reactions (allergy)? ☐ Yes ☐ No
 Reactions to medication (allergy)? ☐ Yes ☐ No
 Fungus infection? ☐ Yes ☐ No
 Athlete's foot? ☐ Yes ☐ No
 Foot problems? ☐ Yes ☐ No
 Heart trouble or murmur? ☐ Yes ☐ No
 High blood pressure? ☐ Yes ☐ No
 Persistent cough? ☐ Yes ☐ No
 Chest pain with exercise? ☐ Yes ☐ No
 Dizziness or faintness with exercise? ☐ Yes ☐ No
 Recurrent rash? ☐ Yes ☐ No
 Back injury or frequent backaches? ☐ Yes ☐ No
 Other joint problems, e.g. swelling, pain? ☐ Yes ☐ No
 Bone infection? ☐ Yes ☐ No
 Bone fracture? ☐ Yes ☐ No
 Joint dislocation? ☐ Yes ☐ No
 Knee injury? ☐ Yes ☐ No
 Ankle injury? ☐ Yes ☐ No
 Do you take any medications regularly? ☐ Yes ☐ No
 Do you take any medicine for emergency use? ☐ Yes ☐ No

PHYSICAL EXAMINATION FINDINGS

(To be completed by attending doctor)

1. BP _____ 2. PR _____

EXAMINATION

	WNL	ABN
3. Neck	<input type="checkbox"/>	<input type="checkbox"/>
4. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac	<input type="checkbox"/>	<input type="checkbox"/>
6. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
7. Extremities	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

I certify that the above named student is physically fit to engage in sports.

X _____
 Physician's Signature

Date: _____

If yes, what? _____ When? _____
 If yes, what? _____ When? _____
 If yes, what? _____ When? _____
 If yes, what? _____ When? _____
 If yes, what? _____ When? _____
 If yes, what? _____ When? _____

I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured you are authorized to have the student treated and I authorize the medical agency to render treatment.

X _____
 Student Signature

X _____
 Parent Signature

_____ Date