Preparticipation Physical Examination Form

	(Please	type c	• •				
Student's Name		Birth Date		Sex _	Grade		
Last First		M	liddle				
City School				Place (of Birth		
Student's Address							
Street	_	City	v	Zip	Telephone	_	-
Parent(s) or Guardian(s) Name		-	•	—-F			
Address (if different than student)							
Street		City	/	Zip	Telephone		
Family Physician's Name, Address, Telephone							
History							Ē
) an li	llien(e) hef		interaction athletic		
This section is to be carefully completed by the student and in order to help detect possible risks.	nis/her parent(s	3) or ie	gal guardian(s) bero	ore participation	in interscholastic athletics	5	
Explain "YES" answers below. Circle questions						Yes	s
you don't know the answer to.					exercising in the heat?		
	Yes	No	11. Do you cough, v	wheeze or have	trouble breathing during		
1. Have you had a medical illness or injury since your	_	_	or after activity				
last checkup or sports physical?			Do you have as		the transmission		
Do you have an ongoing or chronic illness?				asonal allergies	that require medical		l
2. Have you ever been hospitalized overnight? Have you ever had surgery?			treatment?	v anacial protecti	ive or corrective equipment		
 Are you currently taking any prescription or nonprescription 					used for your sport or posi-		
(over-the-counter) medications or pills or using an inhaler?				,	, special neck roll, foot		
Have you ever taken any supplements or vitamins to help				ainer on your teel	•		
you gain or lose weight or improve your performance?				,	th your eyes or vision?		
4. Do you think you are in good health?					or protective eyewear?		
5. Do you have any allergies (for example, to pollen, medicine,	_	_			ain or swelling after injury?		
food, or stinging insect)?				en or fractured an	ny bones or dislocated any	_	
6. Have you ever had a rash or hives develop during or after			joints?				
exercise? Have you ever passed out during or after exercise?			•		ms with pain or swelling r joints?		
Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise?				endons, bones or ne appropriate bo	r joints? ox and explain below.	Ш	
Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise?				e appropriate bo			
Do you get tired more quickly than your friends do during	-				□ Finger □ Shin/calf		
exercise?					Hip Ankle		
Have you ever had racing of your heart or skipped			Chest	□ Wrist	□ Thigh □ Foot		
heartbeats?			Shoulder		J. J	_	
Have you had high blood pressure or high cholesterol?					ess than you do now?		
Have you ever been told you have a heart murmur?					meet weight requirements	-	
Has any family member or relative died of heart problems or			for your sport				
of sudden death before age 50?			16. Do you feel stre		recent immunizations (shots)	for	
Is there a family history of heart problems in a close relative younger than age 50 (examples are enlarged heart,			17. Record the date Tetanus		recent immunizations (shots) Measles		
cardiomyopathy, long QT interval, abnormal EKG,			Hepatitis B		Chickenpox	-	
abnormal heart rhythm)?			18. FEMALES ONL				4
Have you had a severe heart infection (for example,				r first menstrual p	period?		
myocarditis or pericarditis)?			When was your	r most recent me	enstrual period?		_
Is there a family history of Marfan's Syndrome?					have from the start of one per	riod to	
Has a physician ever denied or restricted your participation in	_	_	the start of an				
sports for any heart problem?					ad in the last year?		
7. Have you ever had a severe viral infection within the					veen periods in the last year?	_	Ŧ
last month (for example, mononucleosis)?Do you have any current skin problems (for example,			19. ALL PARTICIP Explain "Yes" at				
itching, rashes, acne, warts, fungus or blisters)?			слрант тоо с.	//Sweis nere			
9. Have you ever had a head injury or concussion?							
Have you ever been knocked out, become unconscious or los		-					_
your memory?							_
Have you ever had a seizure?							
Do you have frequent or severe headaches?							
Have you ever had numbness or tingling in your arms, hands,	_	_					
legs or feet? Have you ever had a stinger, burner or pinched nerve?							
	1.1						

NOTE: History and All Consent Forms Must be Completed Prior to Physical Examination Modified from the form approved by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine.

Physical Examination								
		(P	Please type or print)					
Student's Name				Birth Da	te			
Last	First		Middle					
Height	Weight	% Body Fat (o	optional)	Pulse	BP/			
Vision R 20/	L 20/	_ Corrected	i: Y N	Pupils: Equal	Unequal			
	No	rmal	Α	bnormal Finding	gs Initials*			
MEDICAL								
Eyes/Ears/Nose/Throat								
Lymph Nodes								
Heart								
Pulses			1					
Lungs								
Abdomen								
Genitalia (males only)								
			1					
Neck								
Back								
Shoulder/Arm								
Elbow/Forearm								
Wrist/Hand								
Hip/Thigh								
Knee								
Leg/Ankle								
Foot								
*Station-based examination Clearance Cleared Cleared Cleared after		ion/rehabilitation fo	or:					
				on:				
Recommend	ations:							
I certify that I have on this as furnished to me, I have (Note exceptions above).	found no reason which				authorities and the student's medical history ervised athletic activities			
Physician's Name and Address (stamp or print) If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) per- formed the exam, name and address of collaborating physician or physician group:				Examiner's Signature	Date			
Examiner's Telephone Number								
	NOTE: Histo	ry and Consent M	ust be Completed	d Prior to Physical Ex	camination			