



Pre-participation Physical Examination/Health History

Name: _____ Sex: _____ Age: _____ Grade: _____
Sports: _____ Birthdate: _____ Date of Exam: _____
Personal Physician: _____ Physician's Phone: _____

Parents and athlete – Please answer all questions together, and explain “YES” answers below.

1. Have you ever had surgery? Yes No
2. Are you presently taking any medication or pills? Yes No
3. Do you have any allergies (medicine, bees, stinging insects, etc.)? 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 high blood pressure? Yes No
7. Have you ever been told that you have a heart murmur? Yes No
8. Have you ever had racing of your heart or skipped beats? Yes No
9. Have blood relatives dies of heart problems before age 50? Yes No
10. Have you ever been knocked out, even if only briefly? Yes No
11. Have you ever had a seizure? Yes No
12. Have you ever had a stinger or a pinched nerve? Yes No
13. Have you ever been dizzy or pass out in the heat? Yes No
14. Do you have trouble breathing or do you cough with exercise? Yes No
15. Do you wear glasses or contacts? Yes No
16. Have you ever had a broken bone, had to wear a cast, or had an injury to any joint? Yes No
17. Have you ever had other medical problems (Mono, Diabetes, etc.)? Yes No
18. Have you had a medical problem or injury since the last exam? Yes No
19. When was your last tetanus shot? Yes No
20. Females: When was your last menstrual period? Yes No
21. Females: What was the longest tie between periods last year? Yes No
22. Do you have only 1 of any paired organs (eyes, kidneys, testes, etc.)? Yes No

Please explain all “YES” answers:

We hereby state that to the best of our knowledge, the answers above are correct. I, as a legal parents or guardian, do hereby give my consent for _____ to receive all medical care prescribed by a duly licensed physician. This care may be given under whatever conditions necessary to preserve the life, limb, or well-being of my dependent.

Date: _____ Home Phone: _____ Work Phone: _____

Signature of Athlete: _____

Signature of Parent: _____

Signature of Physician: _____

Physical Examination

Name: _____ Date: _____ Birthdate: _____
 Height: _____ Weight: _____ BP: _____ Pulse: _____
 Vision: Uncorrected R 20/ _____ L 20/ _____ Corrected R 20/ _____ L 20/ _____

	Normal	Abnormal
Heent:		
Heart / Rhythm:		
Lungs:		
Femoral Pulses:		
Abdomen:		
Genitalia – Hernia:		
Musculoskeletal:		
Neck:		
Shoulders:		
Elbows:		
Wrists:		
Hands:		
Back:		
Knees:		
Ankles:		
Feet:		

Clearance:

- A. Cleared for all sports _____
- B. Deferred pending further evaluation _____
- C. Cleared for following sports only _____

Reexamine:

- A. Yearly, and after any injury that limits participation for greater than one week _____
- B. Other _____

I certify that I have examined the above names student, and that such examination revealed no conditions that would prevent this students from participation in interscholastic sports, except as note: _____

Signature: _____ M.D. _____
 Date: _____ Phone Number: _____

Physicians Name Stamp: _____

Comments: _____

