



PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: The student and parent must fill out this form prior to seeing the provider. The provider should keep this form in the chart.)

NAME: _____ DATE OF BIRTH: _____

SEX: _____ AGE: _____ GRADE: _____ SCHOOL: _____

MEDICINES AND ALLERGIES: Please list all of the prescription and over-the-counter medicines and supplements (herbal/nutritional) that you are currently taking.)

Do you have any allergies? Yes _____ No _____ If yes, please identify specific allergy below.
 Do you currently use an EpiPen? Yes _____ No _____ _____ Medicines _____ Pollen _____ Food _____ Stinging Insects _____ Other

Explain "Yes answers below. Please circle questions you do not know the answers to.

	YES	NO		YES	NO
GENERAL QUESTIONS			24. Do you have any concerns you would like to discuss with your doctor?		
1. Has a doctor ever denied or restricted your participation in sports for any reason?			25. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
2. Do you have any ongoing medical conditions? If so, please identify Asthma _____ Anemia _____ Infections _____ Diabetes _____			26. Have you ever had a head injury or concussion(s)? If yes, please provide date(s): _____, _____		
3. Have you ever spent the night in the hospital?			27. Do you have a history of seizure disorder?		
4. Have you ever had surgery?			28. Have you had herpes or MRSA skin infection?		
HEART HEALTH QUESTIONS ABOUT YOU			29. Do you have headaches with exercise?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			30. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			31. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			32. Have you ever been unable to move your arms or legs after being hit or falling?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: High BP _____ Heart Murmur _____ Heart Infection _____ High Cholesterol _____ Kawasaki Disease _____			33. Have you ever become ill while exercising in the heat?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			34. Do you get frequent muscle cramps when exercising?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			35. Have you had any problems with your eyes or vision?		
11. Have you ever had unexplained seizure?			36. Have you had any eye injuries?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			37. Do you wear protective eyewear, such as goggles or a face shield?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			38. Do you wear glasses or contact lenses?		
13. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome?)			39. Are you trying or has anyone recommended that you gain or lose weight?		
14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			40. Are you on a special diet or do you avoid certain types of foods?		
15. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			41. Have you ever had an eating disorder?		
BONE AND JOINT QUESTIONS			42. Have you ever used an inhaler or taken asthma medicine?		
16. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			43. Do you cough, wheeze, or have difficulty breathing during or after exercises?		
17. Have you ever had any broken or fractured or dislocated joints?			44. Is there anyone in your family who has asthma?		
18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			45. Have you ever used an inhaler or taken asthma medicine?		
19. Have you ever had a stress fracture?			46. Do you currently use an asthma Rescue Inhaler?		
20. Do you regularly use a brace, orthotics, or other assistive device?			Explain "Yes" answers here:		
21. Do you have a bone, muscle, or joint injury that bothers you?					
22. Do any of your joints become painful, swollen, feel warm, or look red?					
MEDICAL QUESTIONS					
23. Do you have groin pain or a painful bulge or hernia in groin area?			<i>(Use back of page if necessary)</i>		

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

Revised 5/2018

Signature of Athlete _____ Date: _____

Signature of Parent/Guardian _____ Date: _____



PRE-PARTICIPATION PHYSICAL EVALUATION FOR INTERSCHOLASTIC ATHLETICS

This page is to be completed by physician/nurse practitioner/physician assistant

STUDENT NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ PULSE: _____ BP: _____

VISION: R 20/____ L 20/____ CORRECTED: YES or NO PUPILS: EQUAL _____ UNEQUAL _____

	NORMAL	ABNORMAL FINDING	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE:

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- NOT cleared for [Sport(s)]: _____ Reason: _____

Recommendation: _____

Name of Physician/Nurse Practitioner/Physician Assistant: _____ Date: _____

Address: _____ Print or Type
Phone: _____

Signature of Physician/Nurse Practitioner/Physician Assistant: _____

I hereby certify that I have reviewed the student pre-participation History Form and performed a comprehensive pre-participation physical evaluation of the herein named student.

***DATE OF EXAM:** _____

**Exam date must be after June 1st of the upcoming season.*

PHYSICIANS STAMP:

