

Preparticipation Physical Evaluation

Name: _____ Sex: _____ Age: _____ Date of Birth: __/__/__

Parent/Guardian: _____ Personal Physician: _____

Date of Exam: _____ Sport: _____ Grade (Next Year): _____

Explain "Yes" answers below.	Yes	No
1. Does the athlete have any chronic medical illnesses (diabetes, asthma, kidney problems)?		
2. Is the athlete presently taking any medications or pills?		
3. Does the athlete have any allergies (medicine, bees, latex, etc.)?		
4. Does the athlete have the sickle cell trait?		
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?		
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activity?		
7. Has the athlete ever passed out or nearly passed out during or after exercise?		
8. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?		
9. Has anyone in your family died suddenly of heart problems?		
10. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?		
11. Has the athlete ever had a stinger, burner, or pinched nerve?		
12. Has the athlete ever had any problems with their eyes or vision?		
13. Has the athlete ever sprained/strained, dislocated, fractured, or had repeated swelling or other injury of any bones or joints?		
14. Has the athlete ever been hospitalized or had surgery?		
15. Do you have only one of any paired organ? Which one?		
16. Have you ever had a MRSA skin infection?		
17. Do you have groin pain or a painful bulge in the groin area?		

Explain Yes Answers:

Parents/Guardians agree to notify the school if any changes occur, such as change in medication, physicians or treatment. I agree that this information may be shared with the Principal, teachers and staff for awareness and preparedness in providing the best care for my child.

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports. In the event the parent/guardian cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgement, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and /or transportation for said child.

Parent/Guardian Signature: _____ Date: _____

Front

Physical

Blood Pressure ___/___

Pulse___

Weight___lbs Height___ft___in

Heart_____

Neuro_____

Abdomen_____

Lungs_____

Musculoskeletal_____

Specific Evaluation for Previous Injury/Illness_____

If applicable

PT

Eval_____

RT Eval/ PFT

Results_____

A. Cleared for all sports.

B. Cleared with Limitations_____

C. Further Evaluation recommended for :_____

Signed_____MD

Signed_____Coach