SALINAS UNION HIGH SCHOOL DISTRICT
431 W. ALISAL ST, SALINAS, CA 93901

SCHOOL: _____ STUDENT I.D.# _____

PREPARTICIPATION PHYSICAL FORM

NAME_____SEX_____ AGE_____ DATE OF BIRTH _____

GRADE_____SPORTS _____

Personal Physician _____Physician's Phone Number _____

Explain "Yes" answers below:	Yes	No
1. Have you ever been hospitalized?	☐	☐
2. Have you ever had surgery?	☐	☐
3. Are you presently taking any medications or pills?	☐	☐
4. Do you have any allergies (medicine, bees, or other stinging insects)?	☐	☐
5. Have you ever passed out during or after exercise?	☐	☐
6. Have you ever been dizzy during or after exercise?	☐	☐
7. Have you ever had chest pain during or after exercise?	☐	☐
8. Do you tire more quickly than your friends during exercise?	☐	☐
9. Have you ever had high blood pressure?	☐	☐
10. Have you ever been told that you had a heart murmur?	☐	☐
11. Have you ever had racing of your heart or skipped heartbeats?	☐	☐
12. Has anyone in your family died of heart problems or a sudden death before age 50?	☐	☐
13. Do you have any skin problems (itching, rashes, acne)?	☐	☐
14. Have you ever had a head injury?	☐	☐
15. Have you ever been knocked out or unconscious?	☐	☐
16. Have you ever had a seizure?	☐	☐
17. Have you ever had a stinger, burner or pinched nerve?	☐	☐
18. Have you ever had heat or muscle cramps?	☐	☐
19. Have you ever been dizzy or passed out in the heat?	☐	☐
20. Do you have trouble breathing or do you cough after your activity?	☐	☐
21. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	☐	☐
22. Have you had any problems with your eyes or vision?	☐	☐
23. Do you wear glasses, contacts or protective eye wear?	☐	☐
24. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of the following bones or joints? Mark all that apply	☐	☐
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Knee ☐ Chest ☐ Hip ☐ Forearm ☐ Shin/Calf ☐ Back ☐ Wrist ☐ Hand ☐ Foot		
25. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	☐	☐
26. Have you had a medical problem or injury since your last evaluation?	☐	☐

27. When was your last tetanus shot? …… _____
28. When was your last measles immunization? _____
29. When was your last menstrual period? _____
30. When was your first menstrual period? …… _____
31. What was the longest time between your periods last year? _____

Explain "Yes" answers: _____

_____

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

Signature of Student_____Signature of Parent_____
Date_____Date_____

Adapted from Lombardo et al. *Preparticipation Physical Evaluation* (monograph). Kansas City, MO; American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, 1992.

NAME OF STUDENT _____

PHYSICAL EXAMINATION

Height _____ Weight_____ Blood Pressure_____/_____ Pulse_____

Vision: Right 20/____ Left 20/_____ Corrected: Yes No Pupils_____

	Normal	Abnormal Findings				Initials
Tanner Stage	**1**	**2**	**3**	**4**	**5**	
Cardiopulmonary						
Pulses						
Heart						
Lungs						
Abdominal						
Genitalia						
ENT						
Skin						
Musculoskeletal						
Neck						
Shoulder						
Elbow						
Wrist						
Hand						
Back						
Knee						
Ankle						
Foot						
Other						

CLEARANCE:

- ☐ Cleared
- ☐ Cleared after completing evaluation/rehabilitation for: _____
- ☐ Noncontact _____Strenuous _____Moderately strenuous _____Nonstrenuous

Due to: _____

Recommendation: _____

_____

_____

Physician's Signature: _____Exam Date: _____
Address: _____Phone: _____

Physician's Stamp:

Adapted from Lombardo et al. *Preparticipation Physical Evaluation* (monograph). Kansas City, MO; American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, 1992.