



PHYSICAL EXAMINATION FORM

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■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM- Page 1

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**********	Tea
	ARKANSAS
	ACTIVITIES.
No.	ASSUCIATION

	Date of birth:
Date of examination:	Sport(s):
Sex assigned at birth	
Have you had COVID-19?: ☐ Yes ☐ No Have you been immunized for COVID-19?: ☐ Yes ☐	No
If yes, you have had; ☐ One shot ☐ Two shots	
List past and current medical conditions:	요. 사용하는 하고 있는 이 하는 물통을 하는 것도 하는 것이다. 그들은 이 하고 있어 있었습니다. 그런 하다. 그는 것이 하는 것이 하는 것이 되는 것을 받는 것이다. 그런 것이 되는 것이 되는 것이다.
Have you ever had surgery? If yes, list all past surgio	cal procedures:
	ns, over-the-counter medicines, and supplements (herbal and nutritional):

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
Do you have any concerns that you would like to discuss with your provider?		
Has a provider ever denied or restricted your participation in sports for any reason?		on ilia pendus
Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

	1	Service Service
HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

■ PREPARTICIPATION PHYSICAL EVALUATION





BONE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	No
14. Have you ever had a stress fracture or an injury			25. Do you worry about your weight?		
to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?	-	-
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	No
7. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			29. Have you ever had a menstrual period?30. How old were you when you had your first menstrual period?		
8. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?	-	
9. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus		KARIKATINO BERNADA	32. How many periods have you had in the past 12 months?		
(MRSA)? 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			Explain "Yes" answers here.		
1. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?					
Have you ever become ill while exercising in the heat?		***************************************			
3. Do you or does someone in your family have sickle cell trait or disease?					
4. Have you ever had or do you have any problems with your eyes or vision?		010000000000000000000000000000000000000			
ereby state that, to the best of my knowle	dge, r	my ans	wers to the questions on this form are comple	ete	_

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Signature of parent or guardian: _____

Date: _____