

PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in **TAPPS** athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

	t has developed any condition which ENT NAME (PRINT):	would make i	t hazardous to participate in	an athletic	event.	
GENI		AGE:		DATE OF I	3IRTH	
	E ADDRESS:	TAGE.		DITTE OF I	<u> </u>	
			DADENT CELL DUON	IE.		
HOME PHONE: PARENT CELL PHONE: SCHOOL: GRADE LEVEL:						
			GRADE LEVEL:			******************************
	ONAL PHYSICIAN:					
	ICIAN PHONE:					
	e of emergency contact:					
NAM	E:		RELATIONSHIP:			
HOM	E PHONE:		CELL PHONE:			
	n any "YES" answers on a separate piece of pap B requires further medical evaluation which may i chiropractor or nurse practitioner is r	include a physical e	examination. Written clearance from	n a physician, ph	nysicians : es.	assistant,
12					YES	NO
1.	Have you had a medical illness or injury si	1676	ckup or sports physical?			
2.	Have you been hospitalized overnight in th	ne past year?				
3.	Have you ever had surgery?					
4.	Have you ever passed out during or after e					
5.	Have you ever had chest pain during or aft		. 19			
6.	Do you get tired more quickly than your fr					
7.	Have you ever experienced racing of your	heart or skipped	heartbeats?			
8.	Have you ever had high blood pressure?					
9.	Have you ever had high cholesterol?					
10.	Have you ever been told you have a heart i	murmur?				
11.	Has any family member or relative died of	heart problems b	pefore age 50?			
12.	Has any family member or relative died of	sudden unexpect	ted death before age 50?			
13.	Has any family member been diagnosed w					
14.	Has any family member been diagnosed w					
15.	Has any family member been diagnosed w					
16.	Has any family member been diagnosed w					
17.	Has any family member been diagnosed w	ith Marfan's syn	drome?			
18.	Have you had a severe viral infections (my	ocarditis, monor	nucleosis, etc.) in the past year?			
19.	Has a physician ever denied or restricted y	our participation	in sports for any heart problem?			
20.	Have you ever had a head injury or concus	ssion?				
21.	Have you ever been knocked out, become	unconscious or le	ost your memory?			
	Have you ever experienced a seizure?					
23.	Have you ever had numbness in your arms	s, hands, legs or f	eet?			
24.	Have you ever had a stinger, burner or pin-	ched nerve?				
	Are you missing any paired organs?					
	Are you presently under a doctor's care?					
	Are you currently taking any prescription	or nonprescriptio	n medications or inhalers?			
	Do you have any allergies?					
	Have you ever been dizzy before or during	g exercise?				
	Do you currently have any skin problems		arts, fungus or blisters)?			
	Have you ever become ill after exercising					

33, 34, 35, 36, 37, 38,	Have y Do you Do you Have y Have y Have y	you ever and have as a have se any you ever be your ever	had any problems gotten unexpected thma? asonal allergies the special protective had a sprain, strait broken or fracture dislocated any joi had any problems neck the appropris	dly short of hat require the or corresin or swell ed any boat ints? s with pair	of breath very medical cive equiling after ines?	vith exer treatmer pment? injury?	ut? uscles, ten				YES	NO
41	Head Neck Back Chest		Shoulder Upper Arm Elbow Forearm weigh more or le		Wrist Hand Finger Hip		Thigh Knee Foot Ankle		Shin/ Calf	□	П	
42. 43.	Do you Do you	ı lose we ı feel stre	-	meet weig	ght require	ments fo	•		ricular Activities? Pisease?			
15	What s		first menstrual p	ania dO		Femal	es Only					
		-	most recent men		iod?							<u></u>
47.	How m	nich time	e elapses from the	start of o	ne period	to the st	art of ano	ther?	•			days
			ods have you had ongest time betwe			t room?						1
77,	WILLE	Agg MC TC	ятвеет ише регме	en beriou	i iii fiig isis	t year?						days
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