PREPARTICIPATION PHYSICAL EVALUATION **MURRIETA MESA ATHLETE** Name ____ Age __ ____ Date of Birth __ ____ School ______ Sport(s) _____ Personal Physician In Case of Emergency, Contact: _______ Relationship _______ Phone (H) ______ (W) ____ 1. Have you had a medical illness or injury since 26. Do you use any special protective or corrective your last check up or sports physical? 2. Have you ever been hospitalized overnight? 3. Are you currently taking any prescription or equipment or devices that aren't usually used for your sport or position (i.e. knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? 27. Have you had any problems with your eyes or vision? 2. nase you ever been insolytative overling it 3. Are you currently taking any prescription or pills, or using an inhaler? 4. Do you have any allergies (i.e. to pollen, medicine, food, or stinging insects)? 5. Have you ever passed out during or after exercise? 6. Have you ever had chest pain during or after exercise? 7. Have you ever had chest pain during or after exercise? 8. Do you get tired more quickly than your friends do during exercise? 9. Have you ever had racting of your heart or skipped heartbeats? 10. Have you ever bear told you have a heart murmur? 11. Have you ever been told you have a heart murmur? 12. Has any family member or relative died of heart problems or of sudden death before age of 50? 13. Have you had a severe wiral infection (i.e. myocarditis or mononucleosis) within the last month? 14. Has a physician ever denied or restricted your participation in sports for any heart problems? Have you had any problems with your eyes or vision? Have you ever had a sprain, strain, or swelling after injury? 29. Have you broken or fractured any bones or dislocated ______ 29. Have you broken or head 22. 30. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below: Forearm Wrist Hand Finger Foot ____Upper arm 31. Do you want to weigh more or less than you do now? 32. Do you feel stressed out? 33. Record the dates of your most recent immunizations (shorts for. 14. Has a physician ever unneu or resture problems? participation in sports for any heart problems? 15. Do you have any current skin problems (i.e. itching, rashes, acne, warsf, fungus, or flusters)? 16. Have you ever had a head injury or concussion? (shots) for: 16. Have you ever had a head injury or concussion? 17. Have you ever heen knocked out, become unconscious, or lost your memory? 18. Have you ever had a sebzure? 19. Do you have frequent or severe headaches? 20. Have you ever had numbness or tingling in your arms, hands, legs, or feat? 21. Have you ever had a stinger, burner, or pinched nerve? 22. Have you ever become ill from exercising in the heat? 23. Do you cough, wheeze or have trouble breathing during or after activity? 24. Do you have asthma? 25. Do you have easnal allergies that require medical treatment? Tetanus Measles Hepatitis B _____ Chickenpox ____ FEMALES ONLY FEMALES ONLY 34. When was your first menstrual period? 35. When was your most recent menstrual period? 36. How much time do you usually have from the start of one period to the start of another? 37. How many periods have you had in the last year? 38. What was the longest time between periods in the last year?

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

Explain "Yes" answers here:

PREPARTICIPATION PHYSICAL EVALUATION MURRIETA MESA ATHLETE

Name:		Da	te of Birth:			
leight: Wei	ght: %	Body Fat (optional) _	Pulse B	P/(_	_/	/
Vision R 20/	L 20/		Pupils Equal			
MEDICAL	NORMAL		ABNORMAL FIND	INGS		INITIALS*
Appearance						
Eyes/Ears/Nose/Throat						
Lymph Nodes						
Hear						
Pulses						
Lungs						
Abdomen						
Genitalia (males only)						
Skin						
MUSCULOSKELETAL						
Neck						
Back						
Shoulder/Arm						
Elbow/Forearm						
Wrist/Hand						
Hip/Thigh						
Knee						
Leg/Ankle/Foot						
Cleared Cleared after con	mpleting evalu	ation/rehabilitation	for:			
Not cleared for:	i		Reason:			
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lame of Physician (Prin	t/Type)				_Date:	
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Physician's Stamp:						

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