



PREPARTICIPATION PHYSICAL EVALUATION

Name _____ Age _____ Sex _____ Date of Birth _____
Address _____ Phone _____
School _____ Sport _____
Height _____ Weight _____ Personal Physician _____ Physician's Phone _____

Complete this form (including signatures) before your examination. Include dates of any problems and explain all "yes" answers below.

- 1. Are you currently under a doctor's care for any reason?
2. Have you ever been hospitalized?
3. Have you ever had surgery?
... 21. Has anyone in your family died of heart problems or sudden death before age 50?
22. Do you have only one working organ of usually paired organs...
23. Have you ever sprained, broken, dislocated or had repeated swelling or pain of any bones or joints?
... 24. Are any of these bothering you currently?
25. Have you had any other medical problems?
... 26. Have you had any medical problems or injuries since your last evaluation?
27. Any special instructions or precautions?
28. When was your last tetanus shot
29. (women only) Date of first menstrual period
When was your last menstrual period?
What was the longest time between your periods during the past year?

Explain all "yes" answers by question number and indicate dates for each item (include any special instructions):

I/We hereby state that, to the best of my/our knowledge, the answers to the above questions are correct. I/We understand that by performing this examination, the undersigned physician does not assume responsibility for the medical care of this individual.

Signature of Athlete _____ Date _____

Signature of Parent or Guardian (if athlete is under 18) _____ Date _____

DO NOT WRITE BELOW THIS LINE

Table with 8 columns: Blood Pressure, HEENT, Skin, Heart, Lungs, Abdomen, Flexibility/Strength. Rows: NORMAL, ABNORMAL.

While this does not constitute a complete physical examination not replace the need for periodic health evaluations by a family physician, this individual appears to be physically capable of participation in intercollegiate sports as of this date, except as indicated below.

- Clear for sports without restrictions
Clear with the following restrictions:
Clear after completing evaluation/rehabilitations for:
Not Cleared

At this athlete's screening exam the following is/are noted:
Condition/Sign/Symptom with Simple Explanation/Recommendations
Elevated (High) Blood Pressure. Increase in pressures in the artery during the beating and resting heart. Maximum normal (age group)
Heart Murmur. Flow of blood through the heart which is audible. In this case it is: "Functional" (normal) Abnormal
Asthma. Blockage of the small airways of the lung. Use inhaler as prescribed and 30 minutes before exercise.
Allergic Reactions to stings or bites. Whole body swelling & shortness of breath when stung or bitten. Epinephrine injector should be available at all times.
Diabetes. Abnormal sugars or sugar metabolism. Continue close monitoring with M.D.
Scoliosis. Curvature of the spine. Continue close monitoring with M.D.
Orthopedic Problem. Being seen by M.D. for this condition. Should be cleared for play by M.D.
Other

Physician's Name _____ Physician's Signature _____ Date _____