



Pre-participation Physical Examination Evaluation

TO BE COMPLETED BY THE ATHLETE WITH A BLACK PEN

History

Name Sex Age DOB

Address Home Phone Cell Phone

City, ST, Zip Sport

Circle the correct answer. Explain "YES" answers below

- 1. Have you ever been hospitalized? YES NO
Have you ever had surgery? YES NO
2. Are you presently taking any medications or pills? YES NO
3. Do you have any allergies (medicines, bees, or other sting insects)? YES NO
4. Have you ever passed out during or after exercise? YES NO
Have you ever been dizzy during or after exercise? YES NO
Have you ever had chest pain during or after exercise? YES NO
Do you tire more quickly than your friends during exercise? YES NO
Have you ever had high blood pressure? YES NO
Have you ever been told that you have a heart murmur? YES NO
Have you ever had racing of your heart or skipped heartbeats? YES NO
Has anyone in your family died of heart problems or a sudden death before age 50? YES NO
5. Do you have any skin problems (itching, rashes, acne)? YES NO
6. Have you ever had a head injury? YES NO
Have you ever been knocked out or unconscious? YES NO
Have you ever had a seizure? YES NO
Have you ever had a stinger, burner or pinched nerve? YES NO
7. Have you ever had heat or muscle cramps? YES NO
Have you ever been dizzy or passed out in the heat? YES NO
8. Do you have trouble breathing or do you cough during or after exercise? YES NO
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? YES NO
10. Have you had any problems with your eyes or vision? YES NO
Do you wear glasses or contacts or protective eye wear? YES NO
11. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? YES NO
12. Have you had a medical problem or injury since your last evaluation? YES NO
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? YES NO
Head Back Shoulder Forearm Hand Hip Knee Ankle
Neck Chest Elbow Wrist Finger Thigh Shin Foot
14. When was your first menstrual period? When was last menstrual period?
What was the longest time between your periods last year?

EXPLAIN ALL "YES" ANSWERS.

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

DATE: SIGNATURE OF ATHLETE:
Date: PARENT SIGNATURE:

