Appendix 1

Preparticipation Physical Evaluation

History

Date _____

Name_____ Sex_____ Age_____ Date of Birth_____

Grade _____ Sport _____ _____ _____

Personal physician _____ _____ _____
Address Physicians phone

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

14. When was your last tetanus shot?_____
When was your last measles immunization?_____
15. When was your first menstrual period?_____
When was your last menstrual period?_____
What was the longest time between your periods last year? _____

Explain "Yes" answers:

_____
_____
_____
_____
_____
_____

I hereby stat that, to the best of my knowledge, my answers to the above questions are correct.

Date _____

Signature of athlete _____

Signature of parent/guardian _____

Preparticipation Physical Evaluation *continued*

Physical Examination

Date _____

Name _____ Age _____ Date of birth _____

Height _____ Weight _____ BP _____/_____ Pulse_____

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils _____

		Normal	Abnormal findings	Initials
LIMITED	Cardiopulmonary			
	Pulses			
	Heart			
	Lungs			
	Tanner stage	1 2 3 4 5		
	Skin			
COMPLETE	Abdominal			
	Genitalia			
	Musculoskeletal			
	Neck			
	Shoulder			
	Elbow			
	Wrist			
	Hand			
	Back			
	Knee			
	Ankle			
	Foot			
	Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for:_____

C. Not cleared for: ☐ Collision

☐ Contact

☐ Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

_____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____