

Name: _____ Sport: _____ Year: _____

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

Part I - Medical History - Explain "Yes" answers

This form must be completed and signed, prior to the physical examination, for review by examining practitioner. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY	Yes	No	MEDICAL QUESTIONS (cont.)	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			29. Do you have groin pain or a painful bulge or hernia in the groin area?		
2. Do you currently have an ongoing medical condition? If so, please identify:			30. Have you had mononucleosis (mono) within the last month?		
3. Have you ever spent the night in the hospital?			31. Do you have any ashes pressure sores, or other skin problems?		
4. Have you ever had surgery?			32. Have you ever had a herpes or MRSA skin infection?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Are you currently taking any medication on a daily basis?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			34. Have you ever had a head injury or concussion? How many concussions: ____ Most recent concussion: _____		
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
7. Does your heart race or skip beats during exercise?			36. Do you have headaches with exercise?		
8. Has a doctor ever told you that you have (check all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection Kawasaki Disease Other:			37. Have you ever been unable to move your arms or legs after being hit or falling?		
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)			38. When exercising in heat, do you have severe muscle cramps or become ill?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
11. Have you ever had an unexplained seizure?			40. Have you had any other blood disorders?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	41. Have you had any problems with our eyes or vision?		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			42. Do you wear glasses or contact lenses?		
13. Does anyone in your family have a heart problem?			43. Do you wear protective eyewear, such as goggles or a face shield?		
14. Does anyone in your family have a pacemaker or implanted defibrillator?			44. Do you worry about your weight?		
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?			45. Are you trying to or has any professional recommended that you try to gain or lose weight?		
16. Do you regularly use a brace or assistive device?			46. Do you limit or carefully control what you eat?		
BONE AND JOINT QUESTIONS			47. Do you have any concerns that you would like to discuss with a doctor?		
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?			48. What is the date of your last T-dap or Td (tetanus) immunization? (Circle type) Date: _____		
18. Have you had any broken or fractured bones or dislocated joints?			49. Do you have an allergy to medicine, food or stinging insects?		
19. Have you had a bone injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches?			FEMALES ONLY 50. Have you ever had a menstrual period?		
20. Have you ever had an x-ray on your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?			51. Age when you had your first menstrual period? _____		
21. Have you ever had a stress fracture of a bone?			52. How many periods have you had in the last 12 months? _____		
22. Do you regularly use a brace or assistive device?			EXPLAIN "YES" ANSWERS BELOW: # _____ -> _____ # _____ -> _____ # _____ -> _____ # _____ -> _____ # _____ -> _____		
23. Do you currently have a bone, muscle, or joint injury that bothers you?			*List medications and nutritional supplements you are currently taking here:		
24. Do any of your joints become painful, swollen, feel warm, or look red?					
25. Do you have a history of juvenile arthritis or connective tissue disease?					
MEDICAL QUESTIONS					
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?					
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?					
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?					

Athlete's Signature: _____ Date: _____ (IF UNDER 18) Parent/Guardian Signature: _____