



PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Address _____

Emergency Contact: _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

- Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

Table with columns: GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS. Includes questions 1-21.

Table with columns: BONE AND JOINT QUESTIONS - CONTINUED. Includes questions 22-25.

Table with columns: MEDICAL QUESTIONS, FEMALES ONLY. Includes questions 26-54.

Explain "yes" answers here

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

Signature of Student _____ Signature of parent/guardian _____ Date: _____

The student has family insurance Yes No If yes, family insurance company name and policy number:



PREPARTICIPATION PHYSICAL EVALUATION
THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam
Name
Sex Age Grade School
Date of birth
Sport(s)

Table with 16 rows of questions regarding disability type, date, classification, cause, sports interest, and various medical conditions like braces, skin problems, hearing loss, etc.

Explain "yes" answers here

Blank lines for explaining "yes" answers to the previous table.

Please indicate if you have ever had any of the following.

Table with 18 rows of conditions to check for, such as Atlantoaxial instability, X-ray evaluation, dislocated joints, easy bleeding, enlarged spleen, hepatitis, osteopenia, etc.

Explain "yes" answers here

Blank lines for explaining "yes" answers to the second table.

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

Signature of Student
Signature of parent/guardian
Date:



PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 1. Consider additional questions on more sensitive issues.
• Do you feel stressed out or under a lot of pressure?
• Do you ever feel sad, hopeless, depressed or anxious?
• Do you feel safe at your home or residence?
• Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?
• Have you ever taken anabolic steroids or used any other performance supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?
• Do you wear a seat belt, use a helmet or use condoms?
• Do you consume energy drinks?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Table with columns for EXAMINATION, DATE OF EXAMINATION, and sub-columns for NORMAL and ABNORMAL FINDINGS. Rows include sections for MEDICAL, MUSCULOSKELETAL, and Functional tests like Duck walk, single leg hop.

ªConsider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
¸Consider GU exam if in private setting. Having third part present is recommended.
¸Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

