

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION

School: _____ Date: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade (Next year): _____

Personal Physician: _____ Phone: (____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you presently under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees or other stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told that you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family had Marfan's syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rashes, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure or epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had heat cramps, heat illness or muscle cramps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have trouble breathing or do you cough during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you wear glasses or contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you missing an eye, kidney or testicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Foot
<input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand | | |
| 13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you had a medical problem or injury since your last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. When was your last tetanus shot? | | |

Girls Only

16. 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: _____

Student Participation

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money of negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty five Dollars (\$25.00) for participating in athletic events, nor have I competed under an assumed name. After I have represented my high school in any sport, I will not compete in any outside athletic contest in this sport until after the high school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those preciously mentioned above as examples but which do not present all the policies to which I am subject. I have read and understand the co-curricular rules and regulations as stated in the handbook as they apply to me.

Date: _____ Signature of athlete: _____

Parent, Guardian or 18-year-old Consent

I hereby give my consent for the above high school student to engage in interscholastic athletics and understand the possibility that serious injury may result from partipating in athletic activities. He/She has my permission to accompany the team as a member on its out of town trips. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school and the Michigan High School Athletic Association. I have read and understand the co-curricular rules and regulations as stated in the handbook as they apply to me. I hereby state that to the best of my knowledge my answers to the above questions are correct.

Date: _____ Signature of parent/guardian: _____

PHYSICAL EXAMINATION

Today's date _____

Name: _____ Age _____ Date of Birth _____

Height: _____ Weight: _____ BP: _____ / _____ , _____ / _____ Pulse: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal ✓	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:
 A. Cleared _____ B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared _____ Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below:**

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling

Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

Name of Physician: _____ Date: _____

Address: _____

Phone: () _____ Signature of Physician: _____