



*ATHLETE PRE-PARTICIPATION PHYSICAL EXAMINATION, p. 1*

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Sport(s): \_\_\_\_\_ SS#: \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_ Parents' Address: \_\_\_\_\_

Parents' Home Phone: \_\_\_\_\_ Parents' Business Phone: \_\_\_\_\_ Parents' Cell Phone: \_\_\_\_\_

Emergency Contact (if parents can't be reached): \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History** – Please check YES or NO; if yes, please explain.

	YES	NO	EXPLANATION
Currently under physician's care?			
Presently taking any medications?			
Presently using any vitamins/supplements?			
Allergies?			
Ever been hospitalized?			
Ever had surgery?			
Have any chronic diseases/illnesses?			
Missing any organs?			
Asthma?			
Ever passed out during/after exercise?			
Ever been dizzy during/after exercise?			
Ever had a seizure?			
Currently/last 6 months, had a skin rash?			
Any problems with eyes or vision?			
Wear glasses, contacts, protective eyewear?			
Wear dental appliances?			
Have ear drum tubes/perforated ear drum?			
Chest pain during/after exercise?			
High blood pressure?			
Ever been told you have a heart murmur?			
Ever experienced racing heart/skipped beats?			
Anyone in family experienced/died from heart problems before age 50?			
Anyone in family have sudden death before age 50?			
Ever suffered a head injury/concussion?			
Ever been knocked out/unconscious?			
Ever suffered memory loss from any cause?			
Ever suffered heat/muscle cramps?			
Ever been dizzy/passed out in the heat?			
Ever sprained, strained, dislocated, fractured, had surgery on:			
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow			
<input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee			
<input type="checkbox"/> Shin/Calf <input type="checkbox"/> Ankle <input type="checkbox"/> Foot			
Use any special equipment (pads, braces, etc.)?			
Ever missed practice 3 or more days due to injury/illness?			
Ever had any other medical problems?			
Ever been told not to participate in any sport or vigorous exercise?			

**I certify that the above medical and personal information provided is true to the best of my knowledge.**

Signature of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_



ATHLETE PRE-PARTICIPATION PHYSICAL EXAMINATION, p. 2

Athlete name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

**Physical Exam**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_ bpm Blood Pressure (sitting): \_\_\_\_\_

Vision: R \_\_\_\_/20 L \_\_\_\_/20 Hearing: R \_\_\_\_/15 L \_\_\_\_/15

Corrected: Y N

Past illness/injury: \_\_\_\_\_

ENT: \_\_\_\_\_

Eyes: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Neurological: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Abdominal: \_\_\_\_\_

Genitalia: \_\_\_\_\_

Hernia: \_\_\_\_\_

Skin: \_\_\_\_\_

Abnormalities, previous surgeries, scars, etc: \_\_\_\_\_

*I have examined the above named athlete, and based on his/her medical history and today's examination this athlete (please check) \_\_\_\_\_ **MAY** \_\_\_\_\_ **MAY NOT** be released to participate in the above named sport(s).*

Physician's signature: \_\_\_\_\_

Physician's name (please print): \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Physician's Address/Phone: \_\_\_\_\_