

Pre-Participation Physical

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian home phone \_\_\_\_\_ Father work # \_\_\_\_\_ Mother work # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Address \_\_\_\_\_

HEALTH HISTORY (MUST BE COMPLETED PRIOR TO THE EXAMINATION)

YES OR NO – HAS THE STUDENT HAD ANY:

- 1. \_\_\_\_\_ Chronic or recurrent illness?
- 2. \_\_\_\_\_ Illness lasting over 1 week?
- 3. \_\_\_\_\_ Hospitalization?
- 4. \_\_\_\_\_ Missing organs?
- 6. \_\_\_\_\_ Allergies (medications, food)?
- 7. \_\_\_\_\_ Problems with heart/blood pressure?
- 8. \_\_\_\_\_ Chest pain/severe shortness of breath  
W/exercise?
- 9. \_\_\_\_\_ Dizziness or fainting with exercise?
- 10. \_\_\_\_\_ Fainting, bad headaches or convulsions?
- 11. \_\_\_\_\_ Concussion or loss of consciousness?
- 12. \_\_\_\_\_ Heat exhaustion, heatstroke, or other  
problems with heat?

YES OR NO – IS THERE ANY HISTORY OF:

- 13. \_\_\_\_\_ Injuries requiring physical treatment?
- 14. \_\_\_\_\_ Neck or back injury?
- 15. \_\_\_\_\_ Knee injury?
- 17. \_\_\_\_\_ Ankle injury?
- 18. \_\_\_\_\_ Other serious joint injury?
- 19. \_\_\_\_\_ Broken bones (fractures)?

YES OR NO – FURTHER HISTORY:

- 20. \_\_\_\_\_ Is there any reason why this student  
should not participate in sports?
- 21. \_\_\_\_\_ Has any family member died  
suddenly at less than 40 years of age?  
Of causes other than an accident?
- 22. \_\_\_\_\_ Has any family member had a heart  
attack at less than 55 years of age? Of  
what age?

YES OR NO – DOES THIS STUDENT:

- 23. \_\_\_\_\_ Wear eyeglasses or contact lenses?
- 24. \_\_\_\_\_ Wear dental bridges, braces, retainers or plates?
- 25. \_\_\_\_\_ Take any medications? Please list. \_\_\_\_\_

Date of last known tetanus shot: \_\_\_\_\_

Use this space to explain any yes answers to the above questions:

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