## PREPARTICIPATION PHYSICAL EVALUATION <> HISTORY FORM

1. Has a doctor ever denied or restricted your participation in sports for any reason?       24. Do you cough, wheeze, or have difficulty breathing during or after exercise?         2. Do you were an ongoing medical condition (tike diabetes or asthma)?       25. Is there anyone in your family who has asthma?         3. Are you currently taking any prescription or nonprescription (over-the-councilenes, pollenes, loods, or stringing insects?       28. Have you ever used any other organ?         2. Do you have all argues to medicines, pollens, loods, or stringing insects?       29. Do you cough, wheeze, or have difficulty breathing during or after exercise?         3. Have you ever had discomfort, pain, or pressure in your check during exercise?       29. Do you lood have any rather pressure sores, or other dave you ever had a fact minetor?         7. Have you ever had discomfort, pain, or pressure in your check during exercise?       30. Have you ever had a head infection?         8. Does your heart race or skip beats during exercise?       30. Have you ever had a seizure?         9. Has a doctor ever order word divel with you have (check all that apply): High boled pressure in your family have a heart problem?       30. Have you ever had a ninging in or falling?         10. Has a word ever relative died of heart High cholestore wor order da test for your hearts?       31. Have you ever had a ninging in or dialing?         31. Have you ever had heart infection       10. Have you ever had a ninging in or falling?         32. Have you ever had you have there any order wor ordere during wore falles diff or heart       34. Have you ev	DATE OF E	EXAM:/									
ADDRESS:	NAME:						SEX:	A	GE: DATE OF BIRTH:///		
PERSONAL PHYSICIAN::       In case of emergency, contact:         NAME:       RELATIONSHIP:       P. PHONE: ( )         Name:       RELATIONSHIP:       P. PHONE: ( )         1. Has a doctor ever denied or restricted your participation in sports for any reason?       P. PHONE: ( )         1. Has a doctor ever denied or restricted your participation in sports for any reason?       P. Do you cough, wheeze, or have difficulty breathing during or after earrols?         2. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?       P. Do you have allergies to medicines, pollers, foods, or singing insect?         3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?       P. Do you have any rashes, pressure sores, or other 9. Do you have any rashes, pressure sores, or other 9. Do you have any rashes to medicines, pollens, foods, or singing insect?       P. Do you there any rashes, pressure sore, or other 9. Do you there any rashes, pressure sore, or other 9. Do you there any rashes, pressure sore, or other 9. Do you memory?         1. Have you ever had so to pressure in your chest during exercise?       P. Have you ever had a number consistent or lost your memory?         2. Have you ever had so to pressure in your chest during exercise?       P. Have you ever had a number consistent or lost your memory?         3. Have you ever had so to pressure in your family dial for no appressing in human.       P. Have you ever had a number so to instance?         4. Have you ever had so topressing in the hest, do you have severe in yo	GRADE:	SPO	RTS:								
In case of emergency, contact:         NAME:	ADDRESS	: 							PHONE: ( )		
YES       NO       YES       NO         1. Has a dotter ever denied or restricted your participation in sports for any reason of the analysis of any rescription or noncrescription (over-the-counter) medicines or alls?       A. Po you cough, wheere, or have difficulty breathing during or after evercise?         2. Do you have an ongoing medical condition (like diabets or asthma?)       Es there anyone in your family who has astmma?         3. Are you currently taking any prescription or noncrescription (over-the-counter) medicines or alls?       B. Have you ever you missing a kidney, an eve, a testicle, or any other space.         4. Do you have allergies to medicines, poliens, foods, or dangen prescription (over-the-counter) medicines or alls?       B. Have you ever had second to rearly passed out a strip problems?         5. Have you ever had disconflort, pain, or pressure in your chest during exercise?       B. Have you ever had a herpes skin infection?         7. Have you ever had disconflort, pain, or pressure in your chest during exercise?       B. Have you ever had a herpes skin infection?         8. Have you ever had disconflort, pain, or pressure in your chest during exercise?       B. Have you ever had a herpes skin infection?         9. Have you ever had disconflort, pain, or pressure in your chest of your herman?       B. Have you ever had a herpes skin infection?         1. Have sould act for your heave (check all that apply):       A heart infection?       B. Have you ever had any problem or your setting hard that apply:         1. Have you ever had supproff was any namity member or relative idie o			ntact:								
1. Has a doctor ever denied or restricted your participation in sports for any reason?       24. Do you cough, wheeze, or have difficulty breathing during or after exercise?         2. Do vou have an orgoing medical condition (like diabetes or ashtma)?       25. Have you ever used an inhater or taken ashtma medicine?         2. Do vou have allergies to medicines, pollens, foods, or stinging insects?       28. Have you ever used an unput or concursion?         3. Have you ever passed out or nearly passed out DURING exercise?       29. Do you have any rather, pressure sores, or other skin problems?         4. Have you ever had advectified or exercise?       29. Do you have any rather, pressure sores, or other skin problems?         7. Have you ever had advectified or exercise?       29. Have you have head acheed sets in infection?         7. Have you ever had advectified or exercise?       29. Have you ever had a head neight or concussion?         7. Have you ever had advectified or exercise?       29. Have you ever had a head neight or concussion?         7. Have you ever had advectified or exercise?       20. Do you have head head head head neight or concussion?         8. Have you ever had advectified or exercise?       20. Have you ever had a head head head head head head hea	NAME:				RELATIO	ONSHIP	:		PIPHONE: ( )		
In sports for any reason ?   2. Do you have an ongoing medical condition (like diabets or asthma)?   3. Are you ever used an inhaler or taken asthma medicine?   3. Are you ever used an inhaler or taken asthma medicine?   3. Are you ever taken asthma and the ever used an inhaler or taken asthma medicine?   4. Do you have allergies to medicines, polisers (ods, or stinging insects?)   4. Do you have allergies to medicines, polisers (ods, or stinging insects?)   4. Do you have allergies to medicines, polisers (ods, or stinging insects?)   4. Do you have allergies to medicines, polisers (ods, or stinging insects?)   4. Do you have allergies to medicines, polisers (ods, or stinging insects?)   4. Have you ever had allocations mononucleosis (mono) wour chest during exercise?   4. Have you ever had allocation (n, pain, or pressure in your chest during exercise?)   5. Hase avota for ever tody out hay ou have (check all that apph):   6. Have you ever had an bead injury or concussion?   8. Does your heart race or skip beats during exercise?   9. Has a doctor ever of ody out have and infection (high checks all that apph):   10. Has a doctor ever of ody out have and anter taken?   11. Hase you ever had an injury, like a sprain, muscle or ligge alter being high in a haspial?   12. Have you ever had an injury, like a sprain, muscle or ligge alter being high in a haspial?   13. Have you ever had an injury, like a sprain, muscle or ligge alter being high in a haspial?   14. Do sou weer spect high in a haspial?   15. Have you had any problem with wave for erading the sprain wave for a strice shield?   16. Have you had any problem							YES NO			YES	NO
ligament tear, or tendinitis, that caused you to miss a practice or game? If "YES", circle below:       43. Are you trying to gain or lose weight?         HEAD NECK SHOULDER UPPER ELBOW FOREARM HAND/ CHEST       HAND/ CHEST         MPER LOWER HIP       HIP THIGH KNEE CALF/ ANKLE FOOT/         BACK BACK       SHIN         UPPER LOWER HIP       THIGH KNEE CALF/ ANKLE FOOT/         dislocated joints? If "YES", circle below:	in spol 2. Do you (like di 3. Are you nonpre 4. Do you stingin 5. Have y DURIN 6. Have y AFTEI 7. Have y your c 8. Does y 9. Has a (check Hig Hig 10. Has a (for ex 11. Has ai 12. Does a 13. Has ay proble 14. Does a 15. Have y 16. Have y	ts for any reason have an ongoin abetes or asthm u currently taking scription (over-t g insects? your ever passed G exercise? your ever passed R exercise? your ever passed R exercise? your ever had disc hest during exert your heart race of doctor ever told all that apply): h blood pressure h cholesterol doctor ever orde ample: ECG, ech nyone in your far anyone in your far ou ever spent th	n ? ng medical a)? g any pres he-counter to medicine d out or ne d out or ne comfort, pa cise? or skip bea you that you erd a test for hocardiogr nily died for amily have er or relativ death befor amily have ne night in gery?	condition cription ou r) medicin es, pollen arly passe ain, or pre ts during e ou have A heart A heart A heart or your he am) or no appa a heart pr ve died of Marfan sy a hospital	r es or pills? s, foods, or ed out ed out ssure in exercise? murmur infection art? arent reason roblem? heart 0? yndrome? ?	                 		<ol> <li>25.</li> <li>26.</li> <li>27.</li> <li>28.</li> <li>30.</li> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> <li>37.</li> <li>38.</li> <li>39.</li> <li>40.</li> <li>41.</li> </ol>	during or after exercise? Is there anyone in your family who has asthma? Have you ever used an inhaler or taken asthma medicine? Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Have you had infectious mononucleosis (mono) within the last month? Do you have any rashes, pressure sores, or other skin problems? Have you had a herpes skin infection? Have you been hit in the head and been confused or lost your memory? Have you ever had a seizure? Do you have headaches with exercise? Have you ever had a seizure? Do you have headaches with exercise? Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Have you ever been unable to move your arms or legs after being hit or falling? When exercising in the heat, do you have severe muscle cramps or become ill? Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? Have you wear glasses or contact lenses? Do you wear glasses or contact lenses? Do you wear glasses or cantact lenses?		
UPPER LOWER       HIP       THIGH       KNEE       CALF / ANKLE       FOOT / SHIN       TOES         BACK       BACK       SHIN       TOES         18. Have you had any broken or fractured bones or discuss with a doctor?       FEMALES ONLY       Image: Construct of the second of the	ligame practic	ent tear, or tendir e or game? If "	nitis, that c YES", circl UPPER	aused you e below:	u to miss a			43. 44.	Are you trying to gain or lose weight? Has anyone recommended you change your weight or eating habits?		
dislocated joints? If "YES", circle below:       47. Have you ever had a menstrual period?         HEAD       NECK       SHOULDER       UPPER       ELBOW       FOREARM       HAND / CHEST         MARM       FINGERS       48. How old were you when you had your 1st menstrual period?       48. How old were you when you had your 1st menstrual period?         UPPER       LOWER       HIP       THIGH       KNEE       CALF / ANKLE       FOOT / SHIN         19. Have you had a bone or joint injury that required x-rays, surgery, injections, rehabilitation, physical therapy, a cast, MRI, CT. a brace, or crutches?       If "YES", circle below:       49. How many periods have you had in the last 12 months?         HEAD       NECK       SHOULDER       UPPER       ELBOW       FOREARM       HAND / CHEST         HEAD       NECK       SHOULDER       UPPER       ELBOW       FINGERS       EXPLAIN "YES" ANSWERS HERE:         UPPER       LOWER       HIP       THIGH       KNEE       CALF / ANKLE       FOOT / ANKLE       FOOT / TOES         20. Have you ever had a stress fracture?       Image: Stress fracture?       Image: Stress fracture?       Image: Stress fracture?       Image: Stress fracture?         21. Have you been told that you have or have you had an x-ray for atlantoazial (neck) instability?       Image: Stress fracture?       Image: Stress fracture?       Image: Stress fractu	BACK BAC	К	THIGH		SHIN		FOOT /	46.	Do you have any concerns that you would like to discuss with a doctor?		
UPPER       LOWER       HIP       THIGH       KNEE       CALF /       ANKLE       FOOT /         BACK       SHIN       TOES       49. How many periods have you had in the last 12 months?	disloca	ated joints? If "Y	<u>ES", circle</u> UPPER	e below:				47.	Have you ever had a menstrual period?		
19. Have you had a bone or joint injury that required x-rays, surgery, injections, rehabilitation, physical therapy, a cast, MRI, CT, a brace, or crutches? If "YES", circle below:       Image: Comparison of the comparison of				KNEE			FOOT /				
UPPER       LOWER       HIP       THIGH       KNEE       CALF /       ANKLE       FOOT /         BACK       BACK       SHIN       TOES         20.       Have you ever had a stress fracture?	19. Have y surger MRI, C	vou had a bone c y, injections, reh CT, a brace, or ci	abilitation, rutches? 1 UPPER	physical f "YES", c	quired x-rays therapy, a ca ircle below:	ast, HAND /	CHEST				
<ul> <li>20. Have you ever had a stress fracture?</li> <li>21. Have you been told that you have or have you had an x-ray for atlantoazial (neck) instability?</li> <li>22. Do you regularly use a brace or assistive device?</li> <li>23. Has a doctor ever told you that you have asthma</li> </ul>				KNEE			FOOT /				
	20. Have y 21. Have y an x-ra 22. Do you 23. Has a	you ever had a s you been told that ay for atlantoazia u regularly use a doctor ever told	at you have Il (neck) in: brace or a	e or have stability? assistive d	you had evice?	   					

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

Signature of Athlete	DATE:
Signature of Parent / Guardian	DATE: