



Pre-participation Physical Evaluation History

Name: _____ Sex: _____ Age: _____ D.O.B.: _____ Sport: _____

Explain yes answers below:

Explain

- 1. Have you ever been hospitalized? yes no _____
Have you ever had surgery? yes no _____
- 2. Are you presently taking any medications or pills? yes no _____
- 3. Do you have any allergies (medicine, bees, or other stinging insects)?... yes no _____
- 4. Have you ever passed-out during or after exercise? yes no _____
Have you ever been dizzy during or after exercise?..... yes no _____
Have you ever had chest pain during or after exercise?..... yes no _____
Do you tire more quickly than your friends during exercise? yes no _____
Have you ever had high blood pressure?..... yes no _____
Have you ever been told that you have a heart murmur? yes no _____
Have you ever had racing of your heart or skipped heartbeats?..... yes no _____
Has anyone in your family died of heart problems or sudden death before age 50? yes no _____
- 5. Do you have any skin problems (itching, rashes, acne)? yes no _____
- 6. Have you ever had a head injury? yes no _____
Have you ever been knocked out or unconscious? yes no _____
Have you ever had a seizure? yes no _____
Have you ever had a stinger, burner or pinched nerve? yes no _____
- 7. Have you ever had heat or muscle cramps? yes no _____
Have you ever been dizzy or passed out in the heat? yes no _____
- 8. Do you have trouble breathing or do you cough during or after activity? yes no _____
- 9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc)? yes no _____
- 10. Have you had any problems with your eyes or vision? yes no _____
- 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? yes no _____
- 12. Have you had any other medical problems (infectious mononucleosis, diabetes, etc)? yes no _____
- 13. Have you had any other medical problems/injury since your last visit?.. yes no _____
- 14. When was your last tetanus shot? _____
When was your last measles immunization? _____
- 15. When was your first menstrual period? _____
When was your last menstrual period? _____
When was the longest time between your periods last year? _____

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

Signature of Athlete: _____

Date: _____

Signature of Parent: _____

Date: _____

Reviewed By: _____

Date: _____