

Athletic Pre-Participation Physical Examination

PART 1: History (to be completed by student and parent or guardian)

Student Name: _____ Grade: _____ Birthdate: _____ Sex: M F

Address: _____ City: _____ Zip: _____

Sport(s): _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Health History (must be completed prior to examination)

Has this student had any history of: _____ Date of last known Tetanus shot: _____

Yes	No		
		Hospitalization?	FEMALES ONLY When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____
		Surgery other than removal of tonsils?	
		Missing organs (eye, Kidney, testicle)?	
		Allergies (medicines, insects, food)?	
		Chest pain or severe shortness of breath?	
		Problems w/blood pressure or heart (heart murmur)?	
		Dizziness or fainting with exercise?	
		Severe or frequent headaches?	
		Concussion or loss of consciousness?	
		Heat exhaustion, heat stroke or other problems with heat?	
		Mononucleosis, hepatitis, hemophilia?	
		Diabetes? Seizures/convulsions?	
		Dislocation of a joint? Catching or clicking of a joint?	
		Broken bones/fractures?	
		Stingers/burners or pinched nerves?	
		Ulcers or hernias?	
		Skin problems?	
		Head injury?	
		Neck or back injury?	
		Chest injury? Shoulder/upper arm injury?	
		Elbow/forearm injury?	
		Hand, wrist, or finger injury?	
		Hip/thigh injury? Knee injury?	
		Shin/calf injury?	
		Ankle/foot injury?	
		Has any family member or relative died of heart problems or of sudden death before age 50?	

Doctor Name Printed: _____

Doctor Signature: _____ Date: _____

Doctor Office Phone: _____ Email: _____

PART 2:

I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above-named student should not participate and represent his or her school in supervised athletic activities.

PRINT Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell/Pager: _____

Email: _____