Figure 2a. The Preparticipation Physical Evaluation

History Date _____

Name _____ Sex _____ Age _____ Date of Birth _____

Sport _____ _____ _____

Personal Physician _____ _____ _____

Address _____ Physician Phone _____

Explain "Yes" answers below:	Yes	No
1. Have you ever been hospitalized?	☐	☐
Have you ever had surgery?	☐	☐
2. Are you presently taking any medications or pills?	☐	☐
3. Do you have any allergies (medicine, bees, or other stinging insects)?	☐	☐
4. Have you ever passed out during or after exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you tire more quickly than your friends during exercise?	☐	☐
Have you ever had high blood pressure?	☐	☐
Have you ever been told that you have a heart murmur?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Has anyone in your family died of heart problems or a sudden death before age 50?	☐	☐
5. Do you have any skin problems (itching, rashes, acne)?	☐	☐
6. Have you ever had a head injury?	☐	☐
Have you ever been knocked out or unconscious?	☐	☐
Have you ever had a seizure?	☐	☐
Have you ever had a stinger, burner, or pinched nerve?	☐	☐
7. Have you ever had heat or muscle cramps?	☐	☐
Have you ever been dizzy or passed out in the heat?	☐	☐
8. Do you have trouble breathing or do you cough during or after activity?	☐	☐
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	☐	☐
10. Have you had any problems with your eyes or vision?	☐	☐
11. Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints?	☐	☐
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Chest		
☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hip ☐ Hand ☐ Foot		
12. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	☐	☐
13. Have you had a medical problem or injury since your last evaluation?	☐	☐

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? _____
What was the longest time between your periods last year? _____

Explain "Yes" answers:

_____

_____

_____

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

Date _____

Signature of Athlete _____

Signature of Parent/Guardian _____