



Pre-participation Physical Evaluation

Check off the appropriate box. Explain any "Yes" answers below. Circle questions you do not understand.

Question	Y E S	N O
Have you had a medical illness or injury since your last physical or sports exam?	X	
Do you have an ongoing or chronic illness?	X	
Have you ever been hospitalized overnight?	X	
Have you ever had surgery?	X	
Are you currently taking any prescription or non-prescription (over the counter, vitamins, supplements) medications or inhalers?	X	
Do you use sports enhancing nutritional supplements, vitamins or steroids?	X	
Do you have any allergies? (i.e. pollen, medicine, food, stinging insects, shellfish, latex etc.)	X	
Ever have a rash/hives during or after exercise?	X	
Have you ever passed out during or after exercise?	X	
Have you ever felt dizzy during or after exercise?	X	
Ever had chest pain during or after exercise?	X	
Do you become tired more quickly than your friends do during or after exercise?	X	
Have you ever had racing of the heart or skipped heartbeats?	X	
Have you had high blood pressure or high cholesterol?	X	
Have you ever been told that you have a heart murmur?	X	
Has any family member or close relative died of heart problems or sudden death before age 50?	X	
Have you had a severe viral infection (i.e. myocarditis) or mononucleosis within the last month?	X	
Has a physician ever denied or restricted your participation in sports for any reason?	X	
Do you have any current skin conditions? (i.e. itching, rashes, acne, warts, fungus or blisters)	X	
Have you ever had a head injury or concussion?	X	
Have you ever been knocked-out, become unconscious or lost your memory?	X	
Have you ever had a seizure?	X	
Do you have frequent or severe headaches?	X	
Have you ever had numbness or tingling in your arms, hands, legs or feet?	X	
Have you ever had a stinger, burner or pinched nerve?	X	
Have you ever become ill from exercising in the heat?	X	
Do you cough, wheeze or have trouble breathing during or after exercise?	X	
Do you have asthma?	X	
Do you have seasonal allergies that require medical treatment?	X	
Do you use any special protective equipment or devices that aren't usually used for your sport or position (brace, neck roll, orthotics, retainer, hearing aid)	X	

Question	Y E S	N O																		
Have you ever had any problems with your eyes or vision?	X																			
Do you wear glasses, contacts or protective eyewear?	X																			
Have you ever had a sprain, strain or swelling after injury?	X																			
Have you ever broken or fractured bones or dislocated a joint?	X																			
Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes please circle:	X																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Head</td> <td style="width: 33%;">Elbow</td> <td style="width: 33%;">Hip</td> </tr> <tr> <td>Neck</td> <td>Forearm</td> <td>Thigh</td> </tr> <tr> <td>Back</td> <td>Wrist</td> <td>Knee</td> </tr> <tr> <td>Chest</td> <td>Hand</td> <td>Shin/calf</td> </tr> <tr> <td>Shoulder</td> <td>Finger</td> <td>Ankle</td> </tr> <tr> <td>Upper arm</td> <td>Foot</td> <td></td> </tr> </table>	Head	Elbow	Hip	Neck	Forearm	Thigh	Back	Wrist	Knee	Chest	Hand	Shin/calf	Shoulder	Finger	Ankle	Upper arm	Foot		X	
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Chest	Hand	Shin/calf																		
Shoulder	Finger	Ankle																		
Upper arm	Foot																			
Do you want to weigh less or more than you do now?	X																			
Do you lose weight regularly to meet weight requirements for your sport?	X																			
Do you feel stressed?	X																			
Do you have a history of Kawasaki Disease?	X																			
Are you missing any paired organs? (eyes, kidneys, testicles)	X																			
Is there a history or Marfan's Syndrome in your family?	X																			
FEMALES ONLY	X																			
When was your first menstrual period?	X																			
When was your most recent menstrual period?	X																			
How much time do you usually have between the start of one period to the start of the next?	X																			
How many periods have you had in the last year?	X																			
Longest time between periods during the last year?	X																			

EXPLAIN YES ANSWERS HERE: _____

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

Athlete Signature _____
Date

Parent/guardian signature _____
Date