PASCO SCHOOL DISTRICT
PRE-PARTICIPATION HISTORY AND PHYSICAL EXAMINATION

I UNDERSTAND THAT TOTAL FREEDOM FROM HEALTH PROBLEMS CANNOT BE GUARANTEED BY THE PHYSICIAN PERFORMING THIS PHYSICAL EXAM/SCREENING.

EXAM DATE: _____ PARENT/GUARDIAN SIGNATURE: X _____

NAME: _____ BIRTHDATE: _____ SCHOOL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ SPORT: _____

HISTORY

	Yes	No	
1.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
2.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
3.	☐	☐	Do you have any chronic or recurrent illness?
4.	☐	☐	Have you ever had any illness lasting more than a week?
5.	☐	☐	Have you ever been hospitalized overnight?
6.	☐	☐	Have you had any surgery other than tonsillectomy?
7.	☐	☐	Have you ever had any injuries requiring treatment by a physician?
8.	☐	☐	Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
9.	☐	☐	Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
10.	☐	☐	Do you have ANY allergies (medicines, bees, foods, or other factors)? _____
11.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
12.	☐	☐	Do you tire more easily or quickly than your friends during exercise?
13.	☐	☐	Have you ever had any problem with your blood pressure or your heart?
14.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
15.	☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
16.	☐	☐	Have you ever had fainting, convulsions, seizures or severe dizziness?
17.	☐	☐	Do you have frequent severe headaches?
18.	☐	☐	Have you ever had a "stinger" or "burner" or "pinched nerve"?
19.	☐	☐	Have you ever been "knocked out" or "passed out"?
20.	☐	☐	Have you ever had a neck or head injury?
21.	☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
22.	☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
23.	☐	☐	Do you wear eyeglasses, contact lenses or protective eyewear?
24.	☐	☐	Have you had any problem with your eyes or vision?
25.	☐	☐	Do you wear any dental appliance such as braces, bridge, plate, or retainer?
26.	☐	☐	Have you ever had a knee injury?
27.	☐	☐	Have you ever had an ankle injury?
28.	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
29.	☐	☐	Have you ever had a broken bone (fracture)?
30.	☐	☐	Have you ever had a cast, splint, or had to use crutches?
31.	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
32.	☐	☐	Has it been more than 5 years since your last tetanus booster shot?
33.	☐	☐	Are you worried about your weight?
34.	☐	☐	FEMALES: Have you any menstrual problems?
35.	☐	☐	Have you any medical concerns about participating in your sport?

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

NEED EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

_____

_____

_____

_____

_____

PHYSICAL EXAMINATION/SCREENING

NAME: _____ GRADE: _____ SCHOOL: _____

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/_____

Right 20/_____

(Optional)

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

Normal			Abnormal	
☐	1.	Head	☐	_____
☐	2.	Eyes (pupils), ENT	☐	_____
☐	3.	Teeth	☐	_____
☐	4.	Chest	☐	_____
☐	5.	Lungs	☐	_____
☐	6.	Heart	☐	_____
☐	7.	Abdomen	☐	_____
☐	8.	Hernia	☐	_____
☐	9.	Neurologic	☐	_____
☐	10.	Skin	☐	_____
☐	11.	Physical Maturity	☐	_____
☐	12.	Spine, Back	☐	_____
☐	13.	Shoulders, Upper extremities	☐	_____
☐	14.	Lower extremities	☐	_____

Assessment: ☐ Full participation

☐ Limited participation (describe limitations, restrictions):

_____

_____

☐ Participation contraindicated (list reasons):

_____

_____

Recommendations (equipment, taping, rehabilitation, etc.):

_____

_____

EXAMINER'S SIGNATURE: _____ TODAY'S DATE: _____

EXAMINER'S PHONE: _____ PRINT/STAMP EXAMINER'S NAME: _____