SPORT PRE-PARTICIPATION HISTORY

Player Name _______________________________________ Date Of Birth _________________________

Please review all questions with your parent or guardian and answer the following questions to the best of your ability

YES NO Unknown

☐ ☐ ☐ Has anyone in the athlete's family (grandmother, grandfather, mother, father, sibling) died suddenly before age 50?
☐ ☐ ☐ Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
☐ ☐ ☐ Has athlete ever been told he/she has a heart murmur or heart problem?
☐ ☐ ☐ Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
☐ ☐ ☐ Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?
☐ ☐ ☐ Does the athlete have a history of concussion (getting knocked out)?
☐ ☐ ☐ Has athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
☐ ☐ ☐ Does the athlete have anything he/she would like to talk to a doctor about?
☐ ☐ ☐ Does the athlete have a chronic illness or see the doctor regularly for a particular problem?
☐ ☐ ☐ Does the athlete take any medicines?
☐ ☐ ☐ Is the athlete allergic to any medications or bee stings?
☐ ☐ ☐ Does the athlete have only one of any paired organs (eyes, kidneys, ears, testicles, ovaries, etc.)?
☐ ☐ ☐ Does the athlete wear contacts or eyeglasses?
☐ ☐ ☐ Date of last tetanus booster: ________

Please elaborate on any "YES" answers:

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SPORTS PRE-PARTICIPATION PHYSICAL EXAM (Applicant may submit a physical form from a doctor's office)

.	BP:		PULSE:		WEIGHT:		HEIGHT:		VISION-	R:	L:

.	Organ/System:	Normal	Abnormal	Record laxity, weakness, instability, decreased ROM if abnormal
	Cardiovascular			
	Eyes/Pupils			
	Neck			
	Shoulders			
	Knees			
	Ankles			
	Feet			
	Scoliosis/Spine			
	Other Orthopedic problems:			
	ENT			
	Lungs			
	Abdomen			
	Neurological			
	Skin			
	Genitalia			

Recommendations: ____________ Unlimited _______ Deferred to personal physician

I certify that I have examined the above athlete and such examinations revealed no conditions that would prevent this athlete's participation in athletics.

Physicians Name: ______________________________ Physicians Signature: __________________________________ Date: _________

Telephone: ___(____)____-______________

Address: ____