Pre-Participation Physical Evaluation

Name: _____ Age: _____ Date: _____
Sports: _____

Please take a moment to answer these questions; they help us to identify any dangerous risk factors as well as give us a picture of your overall health.

	Yes	No
1. Have you had a serious medical illness or injury since your last check up or sports physical?	☐	☐
Do you have an ongoing or chronic illness?	☐	☐
Has a physician denied or restricted your participation in sports within the last year?	☐	☐
2. Are you currently taking any prescription or "over-the-counter" medications or pills?	☐	☐
Are you taking any supplements or vitamins to help you gain or lose weight or to improve your performance?	☐	☐
3. Do you have any allergies (to pollens, medicine, food, or bees)?	☐	☐
4. Have you "passed out" or become extremely dizzy during or after exercise within the past year?	☐	☐
Do you ever get chest pain during or after exercise requiring you to stop that activity?	☐	☐
Do you have high blood pressure or high cholesterol?	☐	☐
Has any family member or relative died of heart problems or of <u>unexplained</u> sudden death before age 50?	☐	☐
5. Have you had a head injury or concussion within the last year?	☐	☐
Do you get numbness or tingling in your arms, hands, legs, or feet after exercise or injuries?	☐	☐
Have you ever had a seizure?	☐	☐
Do you have migraine headaches?	☐	☐

	Yes	No
6. Have you broken or fractured any bones or dislocated any joints since your last physical exam?	☐	☐
7. Do you cough, wheeze or have trouble Breathing during or after exercise?	☐	☐
Do you have asthma or "reactive airway disease"?	☐	☐
Do you ever use an inhaler?	☐	☐
8. Do you use any special or corrective equipment or devices that aren't usually used for your sport (for example: knee braces, shoe inserts/orthotics, or mouthguards)?	☐	☐
Do you have problems with your eyes, vision or hearing?	☐	☐
Do you wear glasses, contacts, or protective eyewear?	☐	☐
9. Are you trying to lose or gain weight?	☐	☐
10. Does "stress" interfere with your daily life functioning?	☐	☐
11. Do you smoke or use chewing tobacco?	☐	☐

Please explain any "Yes" answers here:

_____
_____
_____
_____
_____
_____
_____
_____
_____

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

Signature of athlete_____ Signature of parent/guardian_____Date:_____