# ATHLETIC PRE-PARTICIPATION
# PHYSICAL EXAMINATION

## QUESTIONNAIR FOR ATHLETIC PARTICIPATION (Please Print)

Name: _____ Male Female Date of Birth _____ Grade_____

Home Address: _____ Phone #_____

Parents Name: _____ Family Physician _____

_____

Signature of Student Date

***Student Athlete or Parent/Guardian must fill out the #1-31 before exam. Parent/Guardian is required to sign on back of form after examination.***

### HEALTH HISTORY

| YES/ NO | Has the student had any? |
|---|---|
| 1. ____ ____ | Chronic or recurrent illness? |
| 2. ____ ____ | Hospitalization? |
| 3. ____ ____ | Surgery, other then tonsillectomy? |
| 4. ____ ____ | Missing organs (eye, kidney, testicle?) |
| 5. ____ ____ | Allergy to medication? |
| 6. ____ ____ | Problems with heart or blood pressure? |
| 7. ____ ____ | Chest pain with exercise? |
| 8. ____ ____ | Dizziness or fainting with exercise? |
| 9. ____ ____ | Frequent headaches, convulsions, dizziness or fainting? |
| 10. ____ ____ | Heat Exhaustion, heat stroke, or other heat problems |

| YES / NO | Has the student had any? |
|---|---|
| 12. ____ ____ | Illness lasting over a week? |
| 13. ____ ____ | Rheumatic fever? |
| 14. ____ ____ | Asthma? |
| 15. ____ ____ | Epilepsy? |
| 16. ____ ____ | Diabetes? |
| 17. ____ ____ | Eyeglasses, or contact lenses? |
| 18. ____ ____ | Dental braces, bridges or plates? |
| **YES / NO** | **Is there any history of?** |
| 19. ____ ____ | Injuries requiring medical treatment? |
| 20. ____ ____ | Neck Injury? |
| 21. ____ ____ | Knee Injury? |
| 22. ____ ____ | Knee Surgery? |
| 23. ____ ____ | Ankle Surgery? |
| 24. ____ ____ | Other serious joint injury? |
| 25. ____ ____ | Broken Bones (fractures) |

| YES/ NO | Further History: |
|---|---|
| 26. ____ ____ | Is there any history of family or genetic disease? |
| 27. ____ ____ | Has any family member dies suddenly at less than 40 years of age causes other then accidents? |
| 28. ____ ____ | Has nay family member had a heart attack at less then 55 years of age? |
| 29. ____ ____ | Are you uncomfortably short of breath after running ½ mile (2 times around the track) without stopping? |

30. List all medications you are presently taking and what condition the medication is for:

_____

_____

31. What is the most and least you have weighed in the past year? Most?_____ Least?_____

Date of last known tetanus (lockjaw) shot? _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period?_____
2. In the past year, what is the longest time you have gone between menstrual periods?_____

Use this space to explain any of the above numbered YES answers to provide any additional information:

_____

_____

_____