Preparticipation Physical Evaluation

Sex	HISTORY					
Address Phone Phon				DATE OF LAST PHYSICAL		
Address Phone Phon	Name			SexAgeDate of birth		
Address Personal physician In case of emergency, contact Name						
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Explain "Yes" answers below. Circle questions you don't know the answers to. 1. Have you had a medical illness or injury since your last check up or sports physical? Do you have an ongoing or chronic illness? 2. Have you ever been hosphatized overnight? Have you ever had surgepr? 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using a inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? 1. Aby you have any allergies (for example, to polien, medicine, food, or stinging inseets)? Have you ever had a rasin or hives develop during or after exercise? 1. Have you ever had a rasin or hives develop during or after exercise? 1. Have you ever had can be the second or supplements or without the supplements or without the supplements or his plant or supplements. 1. Have you ever had a rasin or hives develop during or after exercise? 1. Have you ever had a rasin or hives develop during or after exercise? 1. Have you ever had a rasin or hives develop during or after exercise? 1. Have you ever had chest pain during or after exercise? 1. Have you ever had chest pain during or after exercise? 1. Have you ever had chest pain during or after exercise? 2. Have you ever had chest pain during or after exercise? 3. Do you got tired more quickly than your friends do during exercise? 4. Have you ever had chest pain during or after exercise? 4. Have you ever had chest pain during or after exercise? 4. Have you ever had chest pain during or after exercise? 4. Have you ever had chest pain during or after exercise? 4. Have you ever had chest pain during or after exercise? 4. Have you ever had a severe will infection (for example, myocarditis or mononucleosis) within the last month? 4. Have you ever had a severe will infection (for example, myocarditis or mononucleosis) within the last month? 4. Have you ever had a sellore that problems? 5. Have you ever had a sellore in the heat? 5. Do you						
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Do you have seasonal allergies that require medical treatment?		_	_			
treatment?						
I hereby state that, to the beat of my knowledge, my answers to the above questions are complete and correct.						
	I hereby state that, to the beat of my knowledge, my an	swer	s to the	above questions are complete and correct.		

_ Signature of parent/guardian .

.Date

^{0 1997} American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION							
Name			Date of birth				
Height Weight	% Body fat (optional)	Pulse	BP/(/	/			
Vision R 20/ L 20/ _	Corrected: Y N	Pupiis: Equal	Onequal				
,,	001111	ADNIODAAL EINE		INITIAL OF			
MEDICAL	ORMAL.	ABNORMAL FINE	DINGS	INITIALS*			
Appearance							
Eyes/Ears/Nose/Throat							
Lymph Nodes							
Heart							
Pulses							
Lungs							
Abdomen							
Genitalia (males only)							
Skin							
MUSCULOSKELETAL	<u> </u>						
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand							
Hip (thigh)							
Knee							
Leg/ankle							
Foot							
*Station-based examination only	I						
CLEARANCE							
☐ Cleared DATE OF LAST PHY	SICAL:	 					
☐ Cleared after completing evalu	nation/rehabilitation for:						
☐ Not cleared for:		Reason:					
Recommendations:							
Name of physician (print/type)			Date				
			Phone				
			, MI				

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