





# PREPARTICIPATION ATHLETIC PHYSICAL EVALUATION

Name:

Date of examination:

***HISTORY (If the answer to any question is “yes,” please describe in the space provided.)***

1. Have you seen a doctor for an illness or injury since your last physical?	12. Do you have any current skin problems such as rash or fungus?
2. Have you ever been hospitalized overnight?	13. Have you ever been knocked out or lost your memory?
3. Are you currently taking any prescription or over-the-counter medications?	14. Have you ever had a seizure?
4. Have you ever taken any supplements to help you gain/lose weight or improve your performance?	15. Do you have frequent or severe headaches?
5. Have you had mono in the last two months?	16. Have you ever had a stinger, burner, or pinched nerve that stopped you from playing sports?
6. Have you ever passed out during or after exercise?	17. Do you cough, wheeze or have trouble breathing during or after activity?
7. Have you ever had chest pain during or after exercise?	18. Do you use any special protective or corrective equipment such as a knee brace?
8. Have you ever had racing of your heart or skipped heartbeats?	19. Have you ever had a sprain or swelling after injury that stopped you from playing sports?
9. Have you ever had high blood pressure?	20. Have you ever broken or fractured any bones?
10. Has any family member died of heart problems or of sudden death before age 50?	21. Have you ever dislocated any joints?
11. Has a physician ever denied or restricted your participation in sports for any medical problem?	22. Have you ever had any surgeries?