Sport Pre-Participation History and Physical Examination

Patient: _____ Age:_____

Team Name: _____ Home Zip Code: _____

History

Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Yes	No	Don't Know	Questions
			1. Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother or sister) died suddenly before age 50?
			2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			3. Has the athlete ever been told he/she has a heart murmur or heart problem?
			4. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			5. Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			6. Does the athlete have a history of concussion (getting knocked out)?
			7. Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			8. Does the athlete have anything he/she wants to talk to the doctor about?
			9. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			10. Does the athlete take any medicine?
			11. Is the athlete allergic to any medications or bee stings?
			12. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
			13. Does the athlete wear contacts or eyeglasses?
			14. Date of last tetanus booster:

Please elaborate on any "Yes" answers:

I have answered and reviewed the questions above and give permission for my child to participate in sports:

Parent/Guardian Name:_____ Date:

Parent/Guardian Signature:

Physical Examination

1. BP: Pulse: Wt: Ht: Vision – R: L:

2.	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 spots.

Physician's Name_____ **Physician's Signature**_____Date:_____

Telephone: _____ Address: _____