

Sports Pre-Participation Health Examination-Pg. 1

Student's name: _____ Age: _____

Student's physician: _____

Sport to be played: _____

Medical History		Yes	No	Don't Know
1.	Do you have any chronic illness or see a physician regularly for any particular problem (e.g. epilepsy, diabetes, asthma, heart disease)?			
2.	Do you take any medication?			
3.	Are you allergic to any medication or to bee stings?			
4.	Do you have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)			
5.	Have you ever had a concussion (i.e., gotten knocked out)?			
6.	Have you ever suffered a heat related illness (heat stroke)?			
7.	Do you have asthma (wheezing), hay fever, or coughing spells after exercise?			
8.	Have you ever passed out during exercise or stopped exercise because of dizziness?			
9.	Has anyone in your family (parent, grandparent, sibling, aunt, or uncle) died suddenly before age 50?			
10.	Have you ever broken a bone, had to wear a cast, or had an injury to any joint or had any other serious injury?			
11.	Have you ever injured your neck or back?			
12.	Do you have anything you want to discuss with the doctor?			
13.	Diet: _____ Meals/day: _____			

Please give details for any questions answered "Yes" above.

I have answered and reviewed the questions above. I understand that this pre-participation examination is not a complete physical and is not designed to replace a routine health examination by my family physician.

Date: _____ Signature of student: _____

Date: _____ Signature of physician _____
indicating review of above:

Sports Pre-Participation Health Examination-Pg. 2

Student's name: _____

Date:	Date:	Date:	Date:
Height:			
Weight:			
B/P:			
Urine/glucose: Urine/protein:			
Skin:			
ENT:			
Lungs:			
Heart:			
Abdomen:			
Hernia (males):			
Musculoskeletal —			
Knees:			
Ankles:			
Feet:			
Shoulders:			
Back:			
Estimate of strength:			
Estimate of flexibility:			
Other: (if indicated by history)			
Comments and limitations:			

Physician signature: _____