

**PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Physician: \_\_\_\_\_

**HISTORY**

Yes No (Explain all "Yes" answers)

- 1. Any illness/injury recently, or any illness/injury now? \_\_\_\_\_
- 2. Any medical problem, illness or injury since your last exam? \_\_\_\_\_
- 3. Any chronic or recurrent illness? \_\_\_\_\_
- 4. Any illness lasting more than a week? \_\_\_\_\_
- 5. Ever been hospitalized overnight? \_\_\_\_\_
- 6. Any surgery other than tonsillectomy? \_\_\_\_\_
- 7. Any injuries requiring treatment by a physician? \_\_\_\_\_
- 8. Any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? \_\_\_\_\_
- 9. Taking ANY medications (including birth control, inhaler, etc.)? \_\_\_\_\_
- 10. ANY allergies (medicines, bees, foods, or other factors)? \_\_\_\_\_
- 11. Ever had chest pain, dizziness, fainting, passing out during or after exercise? \_\_\_\_\_
- 12. Tire more easily or quickly than your friends during exercise? \_\_\_\_\_
- 13. Any blood pressure or heart problems? \_\_\_\_\_
- 14. Any close relatives with heart problems, heart attack or sudden death before age 50? \_\_\_\_\_
- 15. Any skin problems (acne, itching, rashes, etc.)? \_\_\_\_\_
- 16. Any fainting, convulsions, seizures or severe dizziness? \_\_\_\_\_
- 17. Any frequent severe headaches? \_\_\_\_\_
- 18. Ever had a "stinger" or "burner" or "pinched nerve"? \_\_\_\_\_
- 19. Ever been "knocked out" or "passed out"? \_\_\_\_\_
- 20. Ever had a neck or head injury? \_\_\_\_\_
- 21. Ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems? \_\_\_\_\_
- 22. Asthma, trouble breathing, or cough during or after exercise? \_\_\_\_\_
- 23. Wear glasses, contact lenses or protective eye wear? \_\_\_\_\_
- 24. Any problem with your eyes or vision? \_\_\_\_\_
- 25. Any dental appliance such as braces, bridge, plate, retainer? \_\_\_\_\_
- 26. Ever had a knee injury? \_\_\_\_\_
- 27. Ever had an ankle injury? \_\_\_\_\_
- 28. Ever injured any other joint (shoulder, wrist, fingers, etc.)? \_\_\_\_\_
- 29. Ever had a broken bone (fracture)? \_\_\_\_\_
- 30. Ever had a cast, splint, or had to use crutches? \_\_\_\_\_
- 31. Must you use special equipment for competition (pads, braces, neck roll, etc.)? \_\_\_\_\_
- 32. Has it been more than 5 years since your last tetanus booster shot? Date of last tetanus: \_\_\_\_\_
- 33. Are you worried about your weight? \_\_\_\_\_
- 34. Any menstrual problems? \_\_\_\_\_
- 35. Any medical concerns about participating in your sport? \_\_\_\_\_

**PARENTAL PERMISSION:** To the best of my knowledge, this history is accurate. I give permission for my child to participate in the sport(s) approved by the examiner under the auspices of the Oak Harbor School District. I authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

Date signed: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

EXAMINER'S COMMENTS ON ANY "YES" ANSWERS (refer to question number):