

ATHLETIC PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

NAME _____ BIRTH DATE _____ EXAM DATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ MALE/FEMALE _____ SPORT _____

HISTORY

*****If you answer yes to any of the questions below please give short explanation!!!*****

YES NO

1. a. Have you had any illness/injury recently, or do you have an illness/injury now?
- b. Have you had a medical problem, illness, or injury since your last exam?
- c. Do you have any chronic or recurrent illness?
- d. Have you ever had any illness lasting more than a week?
- e. Have you ever been hospitalized overnight?
- f. Have you had any surgery other than tonsillectomy?
- g. Have you ever had any injuries requiring treatment by a physician?
- h. Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2. Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3. Do you have ANY allergies (medicines, bees, foods, or other factors)?
4. a. Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
- b. Do you tire more easily or quickly than your friends during exercise?
- c. Have you ever had any problem with your blood pressure or your heart?
- d. Have any close relatives had heart problems, heart attack, or sudden death before they were age 50?
5. Do you have any skin problems (acne, itching, rashes, etc.)?
6. a. Have you ever had fainting, convulsions, seizures, or severe dizziness?
- b. Do you have frequent severe headaches?
- c. Have you ever had a "stinger" or "burner" or "pinched nerve"?
- d. Have you ever been "knocked out" or "passed out"?
- e. Have you ever had a neck or head injury?
7. Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
8. Have you had asthma, or trouble breathing, or cough during or after exercise?
9. a. Do you wear eyeglasses, contact lenses, or protective eye wear?
- b. Have you had any problem with your eyes or vision?
10. Do you wear any dental appliance such as braces, bridge, plate, retainer?
11. a. Have you ever had a knee injury?
- b. Have you ever had an ankle injury?
- c. Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
- d. Have you ever had a broken bone (fracture)?
- e. Have you ever had a cast, splint, or had to use crutches?
- f. Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12. Has it been more than 5 years since your last tetanus booster shot?
13. Are you worried about your weight?
14. FEMALES: Do you have any menstrual problems?
15. Do you have any medical concerns about participating in your sport?

*****ATHLETE SHOULD NOT WRITE BELOW THIS LINE*****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number) _____

Prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for athletic competition by a medical authority licensed to perform a physical examination. The physical examination shall be valid for **twelve (12)** consecutive months.

PHYSICAL EXAMINATION

STUDENT NAME _____

NORMAL

ABNORMAL

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____

- 1. Head
- 3. Teeth
- 2. Eyes (pupils)
- 4. Chest
- 5. Lungs
- 6. Heart
- 9. Neurologic
- 10. Skin
- 11. Physical Maturity
- 12. Spine, Back
- 13. Shoulders, Upper Extremities
- 14. Lower Extremities

FLEXIBILITY (Keys: P=Pass F=Fail) **R** **L**

Low Back _____

Internal Rotators _____

External Rotators _____

Hamstrings _____

Groin _____

Quads _____

Gastroc/Soleus _____

Upper Extremity _____

Comments: _____

MANUAL MUSCLE TEST

Muscle Grade: *Low* 1 2 3 4 5 *High*

WNL = Within Normal Limits

Neck:

Flexion _____

Extension _____

Rotation _____

Side Bending _____

Back:

Extension _____

Hip:

Flexion _____

Extension _____

External Rotation _____

Abduction _____

Adduction _____

Elbow:

Flexion _____

Extension _____

Rotation _____

Side Bending _____

Abdominal:

Sit Up _____

Knee:

Flexion _____

Extension _____

Shoulder:

Flexion _____

Extension _____

Adduction _____

Abduction _____

Internal Rotation _____

External Rotation _____

Ankle:

Dorsi Flexion _____

Plantar Flexion _____

Inversion _____

Eversion _____

Gastroc/Soleus _____

ASSESSMENT Full participation Limited participation (describe limitations, restrictions):

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

DATE _____ EXAMINER'S SIGNATURE _____

EXAMINER'S PHONE 408-402-0404 PRINT EXAMINER'S NAME Dr Tony Coats D.C.

Health concerns information may be shared with school personnel as necessary to benefit the safety of District students and others. (Please keep this information up to date.)