2021-22 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(To be completed by parent or guardian and student athlete) Exam Date: _____

Name: _____
Home Address: _____
Phone: _____
Date of Birth: _____
Age: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency contact:
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

		Y	N
1)	Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2)	Do you have an ongoing medical conditional (like diabetes or asthma)?	☐	☐
3)	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	☐	☐
4)	Do you have allergies to medicines, pollens, foods or stinging insects? (Please specify): _____	☐	☐
5)	Does your heart race or skip beats during exercise?	☐	☐
6)	Has a doctor ever told you that you have (check all that apply): ☐ High Blood Pressure ☐ A Heart Murmur ☐ High Cholesterol ☐ A Heart Infection		
7)	Have you ever spent the night in a hospital?	☐	☐
8)	Have you ever had surgery?	☐	☐
9)	Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected areas in the box below in question 11)	☐	☐
10)	Have you had any broken/fractured bones or dislocated joints? (If yes, check affected areas in the box below in question 11):	☐	☐
11)	Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? (If yes, check affected areas in the box below):	☐	☐

☐ Head ☐ Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm
☐ Hand/Fingers ☐ Chest ☐ Upper Back ☐ Lower Back ☐ Hip ☐ Thigh
☐ Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes