

PRE-PARTICIPATION SPORTS PHYSICAL

Fill out this form with a parent or guardian.

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Age: _____ Grade: _____ Gender: Male Female School: _____

Parent/Guardian name: _____ Cell #: _____

Name of Primary Care Provider: _____ Phone: _____

List all sports planned this year (even if unsure): _____

List last year's sports, if participated: _____

Any problems/injuries during last year's sports, if participated: _____

Medications: None Yes: _____

Allergies (medications, food, stinging insects): No Yes: _____

If yes, have you ever needed an Epi-Pen injection (either at home or at the ER?): _____

Do you have any history of major medical problems (requiring multiple doctor visits)?

No Yes: _____

Have you had any medical history of problems with organs such as the eyes, heart, lungs, kidneys, spleen, or testicles?

No Yes: _____

Do you have any history of asthma? No Yes If yes, have you ever used/needed an inhaler? No Yes

Does anyone in your family have asthma? No Yes: _____

Do you ever get wheezing, coughing, or shortness of breath with exercise?

No Yes: _____

Do you have any history of heart trouble? No Yes: _____



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Has anyone in your family had a heart condition or heart attack BEFORE age 50?

No Yes: _____

Does anyone in your family have RHYTHM problems with their heart, or have trouble with suddenly passing out?

No Yes: _____

Have you ever passed out during or after exercise?

No Yes: _____

Do you have pain or pressure in your chest during exercise?

No Yes: _____

Have you ever had surgery?

No Yes: _____

Have you ever had a seizure? No Yes: _____

Have you ever had a head injury or concussion? No Yes: _____

Do you have headaches with exercise? No Yes: _____

Have you ever fractured a bone in your neck or spine? No Yes: _____

Have you had any injury to a bone or joint that CONTINUES to bother you?

No Yes: _____

Has a doctor ever restricted your participation from sports in the past?

No Yes: _____

Females only: Have you started periods yet: No Yes If yes, are they regular or irregular? Reg Irreg

Parents: By signing this form, you declare that all of the above information is accurate to the best of your knowledge.

Parent signature: _____ Date: _____



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