Print

PREPARTICIPATION PHYSICAL EVALUATION FOR USA CLUB SPORTS

Name_____ **Sex**_____ **Age**_____ **Date of Birth**_____

Name of Personal Physician_____ **Phone #**_____

Circle all questions you do not know the answer to, explain all "Yes" answers below, present this form when obtaining medical examination.

	Yes	**No**
1. Has a doctor ever denied or restricted your participation in sports for any reason?	___	___
2. Do you have an ongoing medical condition (such as diabetes, allergies, asthma)? ___		___
3. Are you currently taking any prescription or non prescription (over-the-counter) medicines or pills?	___	___
4. Do you have allergies to any medicines, pollens, foods, or stinging insects?	___	___
5. Have you ever passed out or nearly passed out DURING exercise?	___	___
6. Have you ever passed out or nearly passed out AFTER exercise?	___	___
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	___	___
8. Does your heart race or skip beats during exercise?	___	___
9. Has your doctor ever told you that you have (check all that apply) ___ high blood pressure ___high cholesterol ___heart murmur ___heart infection		___
10. Has a doctor ever ordered a test for your heart (for example, ECG, echocardiogram)?	___	___
11. Has anyone in your family died for no apparent reason?	___	___
12. Does anyone in your family have a heart problem?	___	___
13. Has any family member or relative died of heart problems or of sudden death before age 50?	___	___
14. Have you ever had an injury (such as sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice?	___	___
15. Have you had any broken or fractured bones or dislocated joints?	___	___
16. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	___	___
17. Have you ever had a stress fracture?	___	___
18. Have you ever been told that you have or have you had an x-ray for neck instability?	___	___
19. Do you cough, wheeze, or have difficulty breathing during or after exercise?	___	___
20. Have you ever had infectious mononucleosis?	___	___
21. Do you have any rashes, pressure sores, or other skin problems?	___	___
22. Have you ever had a head injury or concussion?	___	___
23. Have you ever had a seizure?	___	___
24. Have you ever had heat or muscle cramps?	___	___
25. Do you wear glasses or contact lenses?	___	___
26. Do you wear protective eyewear, such as goggles or a face shield?	___	___
27. Would you like to or are you trying to gain or lose weight?	___	___
28. Do you have any concerns that you would like to discuss with a doctor?	___	___

EXPLAIN ALL YES ANSWERS HERE:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Date_____

Signature of athlete_____

Signature of parent/guardian if athlete is under the age of 19_____