

# PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

**ARTICLE VII 36.14(1) PHYSICAL EXAMINATION.** Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

## QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)**

- | <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">Has this student ever had?</th> </tr> <tr> <td>1. _____</td> <td>_____</td> <td>Chronic or recurrent illness or injury?</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>Any illness lasting more than one (1) week?</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>Mononucleosis or Rheumatic fever?</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>Hospitalizations (Overnight or longer)?</td> </tr> <tr> <td>5. _____</td> <td>_____</td> <td>Surgery, other than tonsillectomy?</td> </tr> <tr> <td>7. _____</td> <td>_____</td> <td>Allergies to pollen, stinging insects, food, etc.?</td> </tr> <tr> <td>8. _____</td> <td>_____</td> <td>High blood pressure or high cholesterol?</td> </tr> <tr> <td>9. _____</td> <td>_____</td> <td>Heart problems (Racing, murmur, skipped beats, infection, etc.?)</td> </tr> <tr> <td>10. _____</td> <td>_____</td> <td>Chest pressure or pain with exercise?</td> </tr> <tr> <td>11. _____</td> <td>_____</td> <td>Dizziness or fainting with exercise?</td> </tr> <tr> <td>12. _____</td> <td>_____</td> <td>Excessive shortness of breath with exercise?</td> </tr> <tr> <td>13. _____</td> <td>_____</td> <td>Seizures or frequent headaches?</td> </tr> <tr> <td>14. _____</td> <td>_____</td> <td>Head injury, concussion, unconsciousness?</td> </tr> <tr> <td>15. _____</td> <td>_____</td> <td>Numbness, tingling or weakness in arms or legs with contact?</td> </tr> <tr> <td>16. _____</td> <td>_____</td> <td>Headache, memory loss, or confusion with contact?</td> </tr> <tr> <td>17. _____</td> <td>_____</td> <td>Severe muscle cramps or become ill when exercising in the heat?</td> </tr> </table><br><table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">Family History:</th> </tr> <tr> <td>31. _____</td> <td>_____</td> <td>Does anyone in your family have Marfan syndrome?</td> </tr> <tr> <td>32. _____</td> <td>_____</td> <td>Has anyone in your family died suddenly for no apparent reason?</td> </tr> <tr> <td>33. _____</td> <td>_____</td> <td>Has anyone in your family had a heart attack at less than 55 years of age?</td> </tr> </table> | Yes   | No  | Has this student ever had? | 1. _____ | _____ | Chronic or recurrent illness or injury? | 2. _____ | _____ | Any illness lasting more than one (1) week? | 3. _____ | _____ | Mononucleosis or Rheumatic fever? | 4. _____ | _____ | Hospitalizations (Overnight or longer)? | 5. _____ | _____ | Surgery, other than tonsillectomy? | 7. _____ | _____ | Allergies to pollen, stinging insects, food, etc.? | 8. _____ | _____ | High blood pressure or high cholesterol? | 9. _____ | _____ | Heart problems (Racing, murmur, skipped beats, infection, etc.?) | 10. _____ | _____ | Chest pressure or pain with exercise? | 11. _____ | _____ | Dizziness or fainting with exercise? | 12. _____ | _____ | Excessive shortness of breath with exercise? | 13. _____ | _____ | Seizures or frequent headaches? | 14. _____ | _____ | Head injury, concussion, unconsciousness? | 15. _____ | _____ | Numbness, tingling or weakness in arms or legs with contact? | 16. _____ | _____ | Headache, memory loss, or confusion with contact? | 17. _____ | _____ | Severe muscle cramps or become ill when exercising in the heat? 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| 18. _____ | _____ | Asthma? | 19. _____ | _____ | Epilepsy, or other seizures? | 20. _____ | _____ | Diabetes? | 21. _____ | _____ | Herpes infection? | 22. _____ | _____ | Marfan Syndrome? | 23. _____ | _____ | Eyeglasses or contact lenses? | Yes | No | Is there a history of? | 24. _____ | _____ | Injuries requiring medical treatment? | 25. _____ | _____ | Neck injury? | 26. _____ | _____ | Knee injury or surgery? | 27. _____ | _____ | Other serious joint injuries? | 28. _____ | _____ | Use of protective equipment or braces? | 29. _____ | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? | 30. _____ | _____ | Do you have any concerns that you would like to discuss with your doctor? |
|--|-------|---|----------------------------|----------|-------|---|----------|-------|---|----------|-------|-----------------------------------|----------|-------|---|----------|-------|------------------------------------|----------|-------|--|----------|-------|--|----------|-------|--|-----------|-------|---------------------------------------|-----------|-------|--------------------------------------|-----------|-------|--|-----------|-------|---------------------------------|-----------|-------|---|-----------|-------|--|-----------|-------|---|-----------|-------|---|-----|----|-----------------|-----------|-------|--|-----------|-------|---|-----------|-------|--|--|-----|----|----------------------------|-----------|-------|---------|-----------|-------|------------------------------|-----------|-------|-----------|-----------|-------|-------------------|-----------|-------|------------------|-----------|-------|-------------------------------|-----|----|------------------------|-----------|-------|---------------------------------------|-----------|-------|--------------|-----------|-------|-------------------------|-----------|-------|-------------------------------|-----------|-------|--|-----------|-------|---|-----------|-------|---|
| Yes  | No    | Has this student ever had?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 1. _____   | _____ | Chronic or recurrent illness or injury?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 2. _____   | _____ | Any illness lasting more than one (1) week?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 3. _____   | _____ | Mononucleosis or Rheumatic fever?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 4. _____   | _____ | Hospitalizations (Overnight or longer)?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 5. _____   | _____ | Surgery, other than tonsillectomy?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 7. _____   | _____ | Allergies to pollen, stinging insects, food, etc.?                                  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 8. _____   | _____ | High blood pressure or high cholesterol?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 9. _____   | _____ | Heart problems (Racing, murmur, skipped beats, infection, etc.?)                    |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 10. _____  | _____ | Chest pressure or pain with exercise?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 11. _____  | _____ | Dizziness or fainting with exercise?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 12. _____  | _____ | Excessive shortness of breath with exercise?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 13. _____  | _____ | Seizures or frequent headaches?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 14. _____  | _____ | Head injury, concussion, unconsciousness?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 15. _____  | _____ | Numbness, tingling or weakness in arms or legs with contact?                        |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 16. _____  | _____ | Headache, memory loss, or confusion with contact?                                   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 17. _____  | _____ | Severe muscle cramps or become ill when exercising in the heat?                     |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| Yes  | No    | Family History:   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 31. _____  | _____ | Does anyone in your family have Marfan syndrome?                                    |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 32. _____  | _____ | Has anyone in your family died suddenly for no apparent reason?                     |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 33. _____  | _____ | Has anyone in your family had a heart attack at less than 55 years of age?          |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| Yes  | No    | Has this student ever had?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 18. _____  | _____ | Asthma?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 19. _____  | _____ | Epilepsy, or other seizures?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 20. _____  | _____ | Diabetes?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 21. _____  | _____ | Herpes infection?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 22. _____  | _____ | Marfan Syndrome?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 23. _____  | _____ | Eyeglasses or contact lenses?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| Yes  | No    | Is there a history of?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 24. _____  | _____ | Injuries requiring medical treatment?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 25. _____  | _____ | Neck injury?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 26. _____  | _____ | Knee injury or surgery?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 27. _____  | _____ | Other serious joint injuries?   |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 28. _____  | _____ | Use of protective equipment or braces?  |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 29. _____  | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |
| 30. _____  | _____ | Do you have any concerns that you would like to discuss with your doctor?           |                            |          |       |   |          |       |   |          |       |                                   |          |       |   |          |       |                                    |          |       |  |          |       |  |          |       |  |           |       |                                       |           |       |                                      |           |       |  |           |       |                                 |           |       |   |           |       |  |           |       |   |           |       |   |     |    |                 |           |       |  |           |       |   |           |       |  |  |     |    |                            |           |       |         |           |       |                              |           |       |           |           |       |                   |           |       |                  |           |       |                               |     |    |                        |           |       |                                       |           |       |              |           |       |                         |           |       |                               |           |       |  |           |       |   |           |       |   |

Use this space to explain any "YES" answers from above (questions #1-33) or to provide any additional information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

34. \_\_\_\_\_ Are you allergic to any prescription or over-the-counter medications? If yes, list: \_\_\_\_\_
35. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_
36. Year of last known: Tetanus (lockjaw) vaccination: \_\_\_\_\_ Meningitis vaccination: \_\_\_\_\_
37. What is the most and least you have weighed in the past year? **Most** \_\_\_\_\_ **Least** \_\_\_\_\_
38. Are you happy with your current weight? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**FOR FEMALES ONLY:**

1. How old were you when you had your first menstrual period? \_\_\_\_\_
2. In the past 12 months, what is the longest time you have gone between menstrual periods? \_\_\_\_\_

**PHYSICAL EXAMINATION RECORD** (To be completed by a licensed medical professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.*)

Athlete's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ (Repeat, if abnormal \_\_\_\_\_ / \_\_\_\_\_) Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>INITIALS</b>
1. Appearance (esp. Marfan's )			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 26-30)			
14. Neurological			

**Comments regarding abnormal findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS**

\_\_\_\_\_ **FULL & UNLIMITED PARTICIPATION**

\_\_\_\_\_ **LIMITED PARTICIPATION** - May **NOT** participate in the following (checked):

\_\_\_\_\_ Baseball \_\_\_\_\_ Basketball \_\_\_\_\_ Bowling \_\_\_\_\_ Cross Country \_\_\_\_\_ Football \_\_\_\_\_ Golf \_\_\_\_\_ Soccer  
 \_\_\_\_\_ Softball \_\_\_\_\_ Swimming \_\_\_\_\_ Tennis \_\_\_\_\_ Track \_\_\_\_\_ Volleyball \_\_\_\_\_ Wrestling

\_\_\_\_\_ **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF**

\_\_\_\_\_ **NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO**

\_\_\_\_\_  
 Licensed Medical Professional's Name (Printed) Date

\_\_\_\_\_  
 Licensed Medical Professional's Signature Phone

**PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE**

I hereby **verify** the accuracy of the information on the opposite side of this form and **give my consent** for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also **give my permission** for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

\_\_\_\_\_  
 Name of Parent or Guardian (Printed) Signature of Parent of Guardian

\_\_\_\_\_  
 Address (Street/PO Box, City, State, Zip) Phone Number