North Kitsap School District
A Great Place to Live & Learn

Pre-participation History & Physical Examination Form

Name_____ Birth Date_____

Address _____

City/State_____ Phone_____

Zip_____ Sport(s) _____

Grade_____ School _____

History

Please explain any "yes" answers below.

	Yes	No	
1	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
2	☐	☐	Have you had a medical problem, illness or injury since your last exam?
3	☐	☐	Do you have any chronic or recurrent illnesses?
4	☐	☐	Have you ever had any illness lasting more than a week?
5	☐	☐	Have you ever been hospitalized overnight?
6	☐	☐	Have you had any surgery other than tonsillectomy?
7	☐	☐	Have you ever had any injuries requiring treatment by a physician?
8	☐	☐	Do you have any organ missing other than tonsils (appendix, eye, kidney, etc.)?
9	☐	☐	Are you presently taking ANY medications?
10	☐	☐	Do you have ANY allergies (medicines, bees, foods, or other factors)?
11	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
12	☐	☐	Do you tire more easily or quickly than your friends during exercise?
13	☐	☐	Have you ever had any problem with your blood pressure or your heart?
14	☐	☐	Have any close relatives had heart problems, heart attack, or sudden death before they were age 50?
15	☐	☐	Do you have any skin problems (acne, itching rashes, etc.)?
16	☐	☐	Have you ever had fainting, convulsions, seizures, or sever dizziness?
17	☐	☐	Do you have frequent headaches?
18	☐	☐	Have you ever had a "stinger" or "burner" or "pinched nerve"?
19	☐	☐	Have you ever been "knocked out" or "passed out"?
20	☐	☐	Have you ever had a neck or head injury?
21	☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
22	☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
23	☐	☐	Do you wear eyeglasses, contact lenses, or protective eye wear?
24	☐	☐	Have you had any problem with your eyes or vision?
25	☐	☐	Do you wear any dental appliance such as braces, bridge, plate, and retainer?
26	☐	☐	Have you ever had a knee injury?
27	☐	☐	Have you ever had an ankle injury?
28	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
29	☐	☐	Have you ever had a broken bone (fracture)?
30	☐	☐	Have you ever had a cast, splint, or had to use crutches?
31	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
32	☐	☐	Has it been more than 5 years since your last tetanus booster shot?
33	☐	☐	Are you worried about your weight?
34	☐	☐	**Females:** Have you any menstrual problems?
35	☐	☐	Have you had any medical concerns about participating in your sport?

Yes Answers_____

_____

_____

Physical Examination

Age _____ Pulse_____

Height _____ Blood Pressure_____

Weight _____ Visual Acuity Left 20/_____

Right 20/_____

	Normal		Abnormal	
1	☐	Head	☐	_____
2	☐	Eyes (Pupils), ENT	☐	_____
3	☐	Teeth	☐	_____
4	☐	Chest	☐	_____
5	☐	Lungs	☐	_____
6	☐	Heart	☐	_____
7	☐	Abdomen	☐	_____
8	☐	Neurologic	☐	_____
9	☐	Skin	☐	_____
10	☐	Physical Maturity	☐	_____
11	☐	Spine/Back	☐	_____
12	☐	Upper Extremities	☐	_____
13	☐	Lower Extremities	☐	_____
14	☐	Flexibility	☐	_____

Assessment

☐ Full Participation

☐ Limited Participation (describe limitations/restrictions)

_____

_____

_____

☐ Participation contraindicated (list reasons)

_____

_____

Recommendations (equipment/taping/rehabilitation, etc.)

_____

_____

Will this physical be acceptable for High School Sports? ☐Yes ☐ No

_____

Examiner's Printed Name Date

_____

Examiner's Signature Phone

_____

Parent Signature

Medical Authorities licensed to give pre-participation physical examination: Medical Doctor (MD), Doctor of Osteopathy (DO), Certified Nurse Practitioners (CRN), Physical Assistant (PA), Naturopaths (ND)

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