# Entiat Middle & High School Athletics

## 2017-2018

## Section 4: Pre-participation History & Physical Examination

Name: ______________________ Date of Birth: ____________ Exam Date: ____________

Address: ______________________________ City: ______________ Zip: __________

Phone: ______________ Sports Turning Out For: ______________________________

**HISTORY**

| | 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 illness? |
| 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 a tonsillectomy? |
| 7. | ☐ | ☐ | Have you ever had any injuries requiring treatment by a physician? |
| 8. | ☐ | ☐ | Do you have any organs missing other than tonsils (appendix, eye, kidney, testicle, etc.)? |
| 9. | ☐ | ☐ | Are you presently taking ANY medications (including birth control pills, vitamins, aspirin, etc.)? |
| 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 you friends during exercise? |
| 13. | ☐ | ☐ | Have you ever had any problems with our 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, convulsion, seizures or severe dizziness? |
| 17. | ☐ | ☐ | Do you have frequent severe 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 head injury? |
| 21. | ☐ | ☐ | Have you ever had heat exhaustion, heat stroke, heat cramps or similar hear-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 problems with your eyes or vision? |
| 25. | ☐ | ☐ | Do you wear any dental appliance such as braces, bridge, plate, or 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: Do you have any menstrual problems? |
| 35. | ☐ | ☐ | Do you have any medical concerns about participating in your sport? |

**ATHLETES SHOULD NOT WRITE BELOW THIS LINE**

EXAMINIER’S COMMENTS ON ALL “YES” ANSWERS (refer to question number)

# Entiat Middle & High School Athletics

## 2017-2018

Student Name: ______________________________ Date of Birth: ________________

<u>Examiners Section</u>

_________ Complete Physical (Required prior to Middle School level and High School level; then every 2 years)

_________ Annual Update

Are there any significant findings the school medical/coaching staff should be aware of?

- ☐ Head/Neck/Spine injuries
- ☐ Musculoskeletal injuries
- ☐ Cardiopulmonary condition
- ☐ Other medical conditions (describe)
- ☐ Loss of paired organs
- ☐ Medications (list below)
- ☐ Allergic or medicines, insect bites, other

Please explain any of the above: ____________________________________________

______________________________________________________________________

______________________________________________________________________

Height _________ Weight _________ Pulse _________ Blood Pressure ____________ Vision ___________

Immunizations given during this physical: ______________________________

______________________________

**Assessment:**

- ☐ Full Participation
- ☐ Limited Participation (describe limitations and/or restrictions:

______________________________________________________________

______________________________________________________________

- ☐ NO Participation (list reasons and/or sports):

______________________________________________________________

______________________________________________________________

Recommendations (equipment, bracing, taping, rehabilitation, etc.):

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Date: ________________ Examiner's Signature: ______________________________

Examiner's Name: ______________________________
(Please Print)