

Providence Academy Pre-Participation Sports Physical Form

Personal History

Name	Sex	Age	DOB
Grade for upcoming year	Sport(s)		

Have you ever had a pre-participation physical before? Yes ___ No ___

If yes, when/where _____

Please explain "Yes" answers on page two.

	Yes	No
1. Have you ever been hospitalized?	___	___
2. Have you ever had surgery?	___	___
3. Are you presently taking any medications or pills?	___	___
4. Do you have allergies (medicine, bees or other stinging insects)?	___	___
5. Have you every passed out during exercise?	___	___
6. Have you ever been dizzy during or after exercise?	___	___
7. Have you ever had chest pain during exercise?	___	___
8. Do you get tired more quickly than your friends during exercise?	___	___
9. Have you ever had high blood pressure?	___	___
10. Have you ever been told that you have a heart murmur?	___	___
11. Has anyone in your family died of heart problems or a sudden death before the age of 50?	___	___
12. Do you have any skin problems (itching, rashes, acne)?	___	___
13. Have you ever had a head injury?	___	___
14. Have you ever been knocked unconscious?	___	___
15. Have you ever had a seizure?	___	___
16. Have you ever had a stinger, burn or pinched nerve?	___	___
17. Have you ever had heat or muscle cramps?	___	___
18. Have you ever been dizzy or passed out in the heat?	___	___
19. Do you have trouble breathing or do you cough during or after activities?	___	___
20. Do you use any special equipment - (pads, braces, neck role, mouth guard, eye guard)?	___	___
21. Have you had any problems with your eyes or vision?	___	___
22. Do you wear glasses or contacts or protective eye wear?	___	___
23. Have you ever had any other medical problem (mononucleosis, diabetes)?	___	___
24. Have you ever had a medical problem since your last evaluation?	___	___
25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints?	___	___

___ Head	___ Shoulder	___ Thigh	___ Neck	___ Elbow
___ Knee	___ Chest	___ Forearm	___ Shin/Calf	___ Foot
___ Back	___ Wrist	___ Ankle	___ Hip	___ Hand

Please explain "Yes" answers here:

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

Signature of Athlete	Signature of Parent/Guardian	Date
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Information below is to be completed by medical staff only.

Height _____ Weight _____ BP _____/_____ Pulse _____

Vision R 20/____ L 20/____ Corrected? Yes ____ No ____ Pupils _____

General Examination

	Normal	Abnormal Findings
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Abdominal	_____	_____

Official Recommendation

- A. This athlete **may** _____ **may not** _____ compete in athletics based on the data gathered from this _____ exam.
- B. Prior to participation, treatment or follow-up on the following is **recommended** / **required**:

Examiner Information

Examiner Name Date