

# 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