

SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance.

NAME _____ AGE _____ DATE _____

ADDRESS _____ ZIP _____ PHONE _____

SPORTS YOU ARE INTERESTED IN _____

TO BE COMPLETED BY STUDENT AND PARENT

Part A: Health History

- | | YES | NO |
|---|-------|-------|
| 1. Have you ever had an illness that: | | |
| a. required a stay in the hospital? | _____ | _____ |
| b. lasted longer than one week? | _____ | _____ |
| c. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| d. is related to allergies? (hay fever, bee stings, etc.) | _____ | _____ |
| e. required an operation? | _____ | _____ |
| f. is chronic? | _____ | _____ |
| 2. Have you ever had an injury that: | | |
| a. required you to go to an emergency room? | _____ | _____ |
| b. required you to stay in the hospital? | _____ | _____ |
| c. required X-Rays? | _____ | _____ |
| d. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| e. required an operation? | _____ | _____ |
| 3. Do you take any medication or pills? | _____ | _____ |
| 4. Have you or any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? | _____ | _____ |
| 5. Have you ever: | | |
| a. been dizzy or passed out during or after exercise? | _____ | _____ |
| b. been unconscious or had a concussion? | _____ | _____ |
| 6. Are you unable to run 1/2 mile (twice around the track) without stopping? | _____ | _____ |
| 7. Do you: | | |
| a. wear glasses or contacts? | _____ | _____ |
| b. wear dental bridges, plates, or braces? | _____ | _____ |
| 8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality? | _____ | _____ |
| 9. Do you have any allergies to any medicines? | _____ | _____ |
| 10. Are you missing a kidney? | _____ | _____ |
| 11. When was your last tetanus booster? | | |
| Date of inoculation _____ | | |
| 12. For Women: | | |
| a. At what age did you experience your first menstrual period? _____ | | |
| b. In the last year, what is the longest time you have gone between periods? _____ | | |

Part B: Interim Health History

This form should be used during the interval between pre-participation evaluations. Positive responses should prompt a medical evaluation.

1. Over the next 12 months, I wish to participate in the following sports:

- a. _____
- b. _____
- c. _____
- d. _____

2. Have you missed more than 3 consecutive days of participation

in usual activities because of an injury this year?

YES _____ NO _____

3. Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical diagnosed that has not been resolved in this past year?

YES _____ NO _____

4. Have you had a seizure, concussion or been unconscious for any reason in the last year?

YES _____ NO _____

5. Have you had surgery or been hospitalized in the last year?

YES _____ NO _____

If yes, please indicate:

a. reason for hospitalization _____

b. Type of surgery _____

6. List all medications you are presently taking and what condition the medication is for.

a. _____

b. _____

7. Are you worried about any problem or condition at this time?

YES _____ NO _____

If yes, please explain: _____

I HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE CORRECT:

DATE _____

SIGNATURE OF ATHLETE _____

SIGNATURE OF PARENT _____

PART C – PHYSICAL EXAMINATION RECORD

NAME _____ DATE _____ AGE _____ BIRTHDATE _____

Height _____ Vision: R _____ / _____, corrected ____ uncorrected _____

Weight _____ L _____ / _____, corrected ____ uncorrected _____

Pulse _____ Blood Pressure _____ Percent Body Fat (opt) _____

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, Strength, etc.			
a. Neck			
b. Spine			
c. Shoulders			
d. Arms/Hands			
e. Hips			
f. Thighs			
g. Knees			
h. Ankles			
i. Feet			
11. Neuromuscular			
12. Physical Maturity (Tanner Stage)			

Comments re: Abnormal Findings: _____

PARTICIPATION RECOMMENDATIONS:

1. No participation in: _____
2. Limited participation in: _____
3. Requires: _____
4. Full Participation in: _____

PHYSICIAN SIGNATURE: _____

Telephone Number: _____ Address: _____