Preparticipation Physical Evaluation

History

Name: _____ Gender: _____ Age: _____ Date of Birth: _____

Sport: _____ _____ _____ Cell Phone: _____

Person to contact in case of emergency, preferably parents:

_____ _____ Home Phone: _____
Name Relationship

_____ _____ Work Phone: _____
Address City, State, ZIP

Explain "Yes" answers below:

❑ Yes	❑ No	1. Have you ever been told you have a heart murmur?
❑ Yes	❑ No	2. Have you ever been treated for a condition or abnormality of the heart or circulatory system? If yes, give details.
❑ Yes	❑ No	3. Have you ever had high blood pressure?
❑ Yes	❑ No	4. Have you ever had racing of your heart or skipped heartbeats?
❑ Yes	❑ No	5. Has anyone in your family died of heart problems or a sudden death before age 50?
❑ Yes	❑ No	6. Have you had any illness requiring bed rest of one week or longer during the past 18 months? If yes, give details.
❑ Yes	❑ No	7. Have you ever been "knocked out" or experienced a concussion during the past three years? If yes, give details.
❑ Yes	❑ No	8. Have you ever passed out in the heat?
❑ Yes	❑ No	9. Have you ever had any injury to your neck or spinal cord involving nerves, vertebrae (bones) or disks? If yes, give details.
❑ Yes	❑ No	10. Do you have any known visual impairment? If yes, give details.
❑ Yes	❑ No	11. If you wear glasses or contact lenses, do you wear them during activity?
❑ Yes	❑ No	12. Do you wear any dental appliance during activity? If yes, please name the appliance worn.
❑ Yes	❑ No	13. Have you had any fractures, including stress fractures, during the past two years? If yes, give details.
❑ Yes	❑ No	14. Have you had a dislocation, subluxation or separation of a joint during the past two years? If yes, give details.
❑ Yes	❑ No	15. Have you ever had an injury to your back? If yes, give details.
❑ Yes	❑ No	16. Have you ever had an injury to your knee(s) involving ligaments or cartilage? If yes, give details.
❑ Yes	❑ No	17. Have you ever been advised to have surgery to correct a knee condition? If yes, was surgery completed? Give date.
❑ Yes	❑ No	18. Have you ever been advised to have surgery to correct a shoulder condition? If yes, was surgery completed? Give date.
❑ Yes	❑ No	19. Have you experienced a severe sprain of either ankle during the past two years?
❑ Yes	❑ No	20. Do you have a pin, screw or plate somewhere in your body as a result of bone or joint surgery? If yes, indicate anatomical site and date of surgery.
❑ Yes	❑ No	21. Have you ever been told you have a hernia? If yes, has the hernia been repaired?
❑ Yes	❑ No	22. Have you had any additional surgery or serious illness, injuries or health problems not previously addressed in this medical history? If yes, give details.
❑ Yes	❑ No	23. What medications/supplements do you take (i.e. prescription, over-the-counter, herbal, non-traditional, protein, creatine, etc.)?
❑ Yes	❑ No	24. Are you allergic to any food or medication? If yes, give details of food(s) or medication(s).
❑ Yes	❑ No	25. Have you ever or do you now have asthma? If so, do you use an inhaler?
❑ Yes	❑ No	26. Do you have a life-threatening allergy to insect stings?
❑ Yes	❑ No	27. Have you had a medical problem or injury since your last sports evaluation?
❑ Yes	❑ No	28. Is any paired organ (kidney, eye, testicle) missing or not functioning?
❑ Yes	❑ No	29. Do you have sickle cell trait?
❑ Yes	❑ No	30. Have you ever been diagnosed with Malaria or dengue fever? If yes, which _____ Date: _____
		31. Women only: What was the longest time between your periods last year? _____

Explain "Yes" answers: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. I give permission for the exchange of information regarding my physical condition and health between the Athletic Training staff, Athletic Department staff, and Goshen Family Physicians. This release is in effect for the period of time that I am involved in any sport at Goshen College.

Signature of Athlete: _____ Date: _____

Preparticipation Physical Evaluation *continued* Name: _____

Subjective:

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____

Vision: **R** 20/_____ **L** 20/_____ Corrected: **Y** **N** Pupils (Circle) Equal/Unequal R>L L>R Last Td Date: _____

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			
Skin			
Abdominal			

	Strength 1 – 3	Flexibility 1 – 3	Abnormal Findings	Initials
Musculoskeletal				
Neck				
Shoulder				
Upper Arm				
Forearm / Hand				
Upper Back				
Lower Back				
Hip				
Quadriceps				
Hamstrings				
Lower Leg				
Ankle / Foot				
Joint Stability				
Ankle				
Knee				
Shoulder				

Strength 1 = poor 2 = fair 3 = normal Flexibility 1 = poor 2 = fair 3 = normal

Clearance:

A. Cleared No restrictions
B. Cleared after completing evaluation/examination for: _____
C. Not cleared for Collision Contact Noncontact
Due to: _____

Plan:

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonable be anticipated to render this athlete physically unfit to engage in any sport, **except those listed here**: _____

Name of Examiner *(Please Print)*: _____ MD, DO, NP, PA

Signature: _____ Date: _____/_____/_____

Address: _____

Phone: (_____) _____ Fax: (_____) _____