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 examinations.

NAME ___________________ AGE _______ (YRS) GRADE _______ DATE _______

ADDRESS ___________________ PHONE _______

SPORTS

The Health History (Part A) and Physical Examination (Part C) sections must both be completed, at least every 24 months, before sports participation. The Interim Health History section (Part B) needs to be completed at least annually.

PART A — HEALTH HISTORY

To be completed by athlete and parent

1. Have you ever had an illness that:
   a. required you to stay in the hospital? ________
   b. lasted longer than a week? ________
   c. caused you to miss 3 days of practice or a competition? ________
   d. is related to allergies? (e.g., hay fever, hives, asthma, insect stings) ________
   e. required an operation? ________
   f. is chronic? (e.g., asthma, diabetes, etc) ________

2. Have you ever had an injury that:
   a. required you to go to an emergency room or see a doctor? ________
   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 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 (2 times 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 medicine? ________

10. Are you missing a kidney? ________

11. When was your last tetanus booster? ________

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? ________

EXPLAIN ANY "YES" ANSWERS

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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 B — INTERIM HEALTH HISTORY

This form should be used during the interval between preparticipation 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 past year?
   Yes ________ No ________

   If yes, please indicate:
   a. Site of injury ________
   b. Type of injury ________

3. Have you missed more than 5 consecutive days of participation in usual activities because of an illness or have you had a medical illness diagnosed that has not been resolved in this past year?
   Yes ________ No ________

   If yes, please indicate:
   a. Type of illness ________
   b. Type of surgery ________

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 this past 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. ________
   c. ________

7. Are you worried about any problem or condition at this time?
   Yes ________ No ________

   If yes, please explain:

Date ___________________

Signature of athlete ___________________

Signature of parent ___________________

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.
### Part C - Physical Examination Record

<table>
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<tr>
<th>Name</th>
<th>Date</th>
<th>Age</th>
<th>Birthdate</th>
<th>Height</th>
<th>Vision: R</th>
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<th>uncorrected</th>
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<table>
<thead>
<tr>
<th>Weight</th>
<th>Pulse</th>
<th>Blood Pressure</th>
<th>Percent Body Fat (optional)</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials</th>
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</tbody>
</table>

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. Neurological
12. Physical Maturity (Tanner Stage) 1 2 3 4 5

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: ________________________