

**FEDERAL WAY PUBLIC SCHOOLS
PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION**

Name: _____ Birth Date: _____ Exam Date: _____

Grade: 6 7 8 9 10 11 12 M _____ F _____ Student ID # _____

Address: _____ City: _____ Zip: _____

Phone: _____ Sport(s): _____

HISTORY

Yes No (Please check appropriate line)

- 1. a. ____ ____ Have you had any illness/injury recently, or do you have an illness/injury now?
- b. ____ ____ Have you ever had any illness lasting more than a week?
- e. ____ ____ Have you ever been hospitalized overnight?
- f. ____ ____ Have you had any surgery other than tonsillectomy?
- g. ____ ____ Have you ever had any injuries requiring treatment by a physician?
- h. ____ ____ Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
- 2. ____ ____ Are you presently taking ANY medications (including vitamin, aspirin, etc.)?
- 3. ____ ____ Do you have ANY allergies (medicines, bees, foods, or other factors)?
- 4. a. ____ ____ Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
- b. ____ ____ Do you tire more easily or quickly than your friends during exercise?
- c. ____ ____ Have you ever had any problem with your blood pressure or your heart?
- d. ____ ____ Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
- 5. ____ ____ Do you have any skin problems (acne, itching, rashes, etc.)?
- 6. a. ____ ____ Have you ever had fainting, convulsions, seizures or severe dizziness?
- b. ____ ____ Do you have frequent severe headaches?
- c. ____ ____ Have you ever had a "stinger" or "burner" or "pinched nerve"?
- d. ____ ____ Have you ever been "knocked out" or "passed out"?
- e. ____ ____ Have you ever had a neck or head injury?
- 7. ____ ____ Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
- 8. ____ ____ Have you had asthma, or trouble breathing, or cough during or after exercise?
- 9. a. ____ ____ Do you wear eyeglasses, contact lenses or protective eye wear?
- b. ____ ____ Have you had any problem with your eyes or vision?
- 10. ____ ____ Do you wear any dental appliance such as braces, bridge, plate, retainer?
- 11. a. ____ ____ Have you ever had a knee injury?
- b. ____ ____ Have you ever had an ankle injury?
- c. ____ ____ Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
- d. ____ ____ Have you ever had a broken bone (fracture)?
- e. ____ ____ Have you ever had a cast, splint, or had to use crutches?
- f. ____ ____ Must you use special equipment for competition (pads, braces, neck roll, etc.)?
- 12. ____ ____ Has it been more than 5 years since your last tetanus booster shot?
- 13. ____ ____ Are you worried about your weight?
- 14. ____ ____ FEMALES: Have you any menstrual problems?
- 15. ____ ____ Have you any medical concerns about participating in your sport?

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

**SIDE B – HEALTH CARE PROVIDER TO COMPLETE
PHYSICAL EXAMINATION**

Student Name _____

Optional

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/ _____
Right 20/ _____

Urinalysis:
Body Fat %
HCT:
EST VO2 Max:
Audiometry:

(Please check appropriate line)

Normal	Abnormal	
___ 1. Head	___	_____
___ 2. Eyes (pupils), ENT	___	_____
___ 3. Teeth	___	_____
___ 4. Chest	___	_____
___ 5. Lungs	___	_____
___ 6. Heart	___	_____
___ 7. Abdomen	___	_____
___ 8. Neurologic	___	_____
___ 9. Skin	___	_____
___ 10. Physical Maturity	___	_____
___ 11. Spine, Back	___	_____
___ 12. Shoulders, Upper extremities	___	_____
___ 13. Lower extremities	___	_____

Assessment: ___ Full participation **For athletic program:** MS ___ HS ___ Both ___
 ___ Limited participation (describe limitations, restrictions):

___ Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

DATE: _____ EXAMINER'S SIGNATURE: _____

EXAMINER'S PHONE: (____) _____ PRINT EXAMINER'S NAME: _____