■ PREPARTICIPATION PHYSICAL EVALUATION

- To be completed prior to your physical examination and provided to your doctor

PERRIS UNION HIGH SCHOOL DISTRICT

MEDICAL HISTORY FORM

Name: _____ Date of birth: _____

Sports: _____ Gender: _____

Physician: _____ Date of Examination: _____

LIST PAST AND CURRENT MEDICAL CONDITIONS:
LIST ALL PAST SURGICAL PROCEDURES:
LIST ALL CURRENT PRESCRIPTIONS AND OVER-THE-COUNTER MEDICINES:
LIST ANY ALLERGIES (I.E. MEDICINES, POLLENS, FOOD, STINGING INSECTS, ETC.):

MEDICAL QUESTIONS	Yes	No
1. Have you ever passed out or nearly passed out during or after exercise?		
2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
3. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
4. Has a doctor ever told you that you have any heart problems?		
5. Has a doctor ever requested a test for your heart?		
6. Do you get light-headed or feel shorter of breath than your friends during exercise?		
7. Have you ever had a seizure?		
8. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35?		
9. Have you ever had an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
10. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
11. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
12. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS	Yes	No
13. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
14. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
15. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
16. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
17. Have you ever become ill while exercising in the heat?		
18. Do you or does someone in your family have sickle cell trait or disease?		
19. Have you ever had or do you have any problems with your eyes or vision?		
FEMALES ONLY	**Yes**	**No**
20. Have you ever had a menstrual period?		
21. How old were you when you had your first menstrual period?		
22. When was your most recent menstrual period?		
23. How many periods have you had in the past 12 months?		

I hereby state that, to the best of my knowledge, my answers above are complete and correct.

Signature of Student Athlete: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

- To be filled out by the physician

PHYSICAL EXAMINATION FORM

Patient Name: _____ Date of birth: _____

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: Does patient require corrective lenses or contacts? □ Y □ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph Nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • HSV, lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination.

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

- □ Medically eligible for all sports without restriction
- □ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
- □ Medically eligible for the following sports: _____
- □ Not medically eligible
  - □ Pending further evaluation
  - □ For any sports
  - □ For the following sports: _____
- □ Reason and Recommendations:

Name of Physician: _____ MD, DO, NP, or PA Phone: _____

Address: _____

Physician Signature: _____ Date: _____

Physician's Stamp Required