

PRE-PARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

Vision: L20/ _____ R20/ _____ Both _____ Corrected: Y N

Height _____ Weight _____ Pulse _____ B/P (R arm) _____

As a minimum requirement, this Physical Examination Form must be completed each year by a physician prior to athletic participation

Medical	Normal	Abnormal Findings
Appearance		
Head/Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (squatting to standing and supine)		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

May Participate in all sports

May Participate in all sports, *EXCEPT* those listed below:

May Participate after completing evaluation/rehabilitation for: _____

May Not Participate – Reason: _____

Recommendations: _____

Signature of M.D. _____ Date of Exam: _____

(Medical)

Phone Number: _____

Signature of M.D. _____ Date of Exam: _____

(Musculoskeletal)

Phone Number: _____

TRI-COUNTY TECHNICAL COLLEGE PRE-PARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY

Name: _____ Sex: F M Date of Birth: _____
 Sport(s) Please list ALL: _____
 Address: _____ Phone: _____
 Personal Physician: _____ None Phone: _____
 Emergency Contact: Name: _____ Relationship: _____ Phone#(s): _____

As a minimum requirement, this Physical Examination Form must be completed each year by a physician prior to athletic participation.

General Medical History:

YES NO

1. Do you have asthma? YES NO
2. Do you have diabetes? YES NO
3. Do you have high blood pressure? YES NO
4. Do you have seizures? YES NO
5. Do you have sickle cell trait? YES NO
6. Do you have any other major medical problem? YES NO
7. Have you ever been hospitalized or had surgery? YES NO
8. Do you cough, wheeze or have trouble breathing with exercise? YES NO
9. Do you use an inhaler? YES NO
10. Do you have a single organ (testicle or kidney)? YES NO
11. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)? YES NO
12. Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or improve performance? YES NO
13. Do you have any allergies (seasonal, insects, food, or medicines)? YES NO
14. Have you ever had a rash or hives develop during or after exercise? YES NO
15. Do you have any skin problems other than acne? YES NO
16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung," or a concussion? YES NO
17. Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
18. Have you ever had a stinger, burner, or pinched nerve? YES NO
19. Have you ever become ill from exercising in the heat? YES NO
20. Have you had mononucleosis or any significant illness in the last 60 days? YES NO
21. Do you have trouble with your eyes/vision/ wear glasses? YES NO
22. Do you have trouble with your hearing/wear hearing aid(s)? YES NO
23. Do you want to weigh more or less than you do now? YES NO
24. Do you lose weight regularly to meet weight requirements for your sport or other reason? YES NO
25. Do you feel stressed out, tired, or depressed? YES NO
26. Are there any other issues you would like to discuss with the doctor? YES NO
27. Are your immunizations up to date? YES NO

FEMALES ONLY

27. Are your periods regular (every month)? YES NO
28. Are your periods heavy? YES NO

Explain "YES" answers here (use back/page 2 if needed):

Cardiac History:

YES NO

1. Have you ever passed out during or after exercise? YES NO
2. Have you ever been dizzy during or after exercise? YES NO
3. Have you ever had chest pain or chest pressure during or after exercise? YES NO
4. Do you tire easily or more quickly than your friends during exercise? YES NO
5. Have you ever had racing of your heart or skipped heartbeats? YES NO
6. Have you ever been told you had a heart murmur? YES NO
7. Have you ever been told you had an enlarged or weak heart? YES NO
8. Has any member of your family:
 - died of heart problems or sudden death before age 50? YES NO
 - been told they had a serious heart problem before age 50? YES NO
 - been told they had Marfan's syndrome? YES NO
9. Has a physician ever denied or restricted your participation in sports? YES NO

Explain "YES" answers here:

Orthopaedic History:

YES NO

1. Have you ever broken or fractured any bones? YES NO
2. Have you ever subluxed or dislocated any joint? YES NO
3. Have you had any other problems related to your:
 - neck, spine, or back? YES NO
 - shoulders? YES NO
 - elbows? YES NO
 - wrists, hands, or fingers? YES NO
 - hips? YES NO
 - knees? YES NO
 - ankles, feet, or toes? YES NO
 - other? YES NO

Explain "YES" answers here (use back/page 2 if needed):

If, in the judgment of any representative of the school, the above athlete should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said athlete.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this athlete's participation, I agree to notify the college of such illness or injury.

Signature of athlete _____ Date _____

Signature of parent/guardian _____ Date _____
 (if athlete is under 18)