

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. (To be completed by athlete and parent).

NAME _____ AGE _____ (YRS) GRADE _____ DATE _____

ADDRESS _____ PHONE _____

SPORTS

PART A - PAST HEALTH HISTORY

- | | YES | NO |
|--|-----|-----|
| 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?
(ie, hay fever, hives, asthma, insect stings) | ___ | ___ |
| e. required an operation? | ___ | ___ |
| f. is chronic? (ie, 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 wear glasses or contacts?
Do you 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? | ___ | ___ |

PART B - RECENT HEALTH HISTORY

- I wish to participate in the following sports.
 - _____
 - _____
 - _____
 - _____
- Have you missed more than 3 consecutive days of participation in usual activities because of an injury this year?

Yes _____ No _____

If yes, please indicate:

 - Site of injury _____
 - Type of injury _____
- 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:

 - Type of illness _____
- Have you had a seizure, concussion or been unconscious for any reason in the last year?

Yes _____ No _____
- Have you had surgery or been hospitalized in this past year? Yes _____ No _____

If yes, please indicate:

 - Reason for hospitalization _____
 - Type of surgery _____
- List all medications you are presently taking and what condition the medication is for.
 - _____
 - _____
 - _____
- Are you worried about any problem or condition at this time?

If yes, please explain: _____

11. When was your last tetanus booster? _____

EXPLAIN ANY "YES" ANSWERS _____

12. For women

- At what age did you experience your first menstrual period? _____
- In the last year, what is the longest time you have gone between periods? _____

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 C - PHYSICAL EXAMINATION RECORD

NAME _____ DATE _____ AGE _____ BIRTHDATE _____

Height _____ Vision: R _____ / _____ corrected _____, uncorrected _____

Weight _____ L _____ / _____ corrected _____, uncorrected _____

Pulse _____ Blood Pressure _____ Percent Body Fat (optional) _____

	Normal	Abnormal Findings					Initials
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. Neuromuscular							
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 _____