

Grade _____ (Rising)

Side A

First Assembly Christian School Pre-participation Physical Evaluation

Name _____ Sex _____ Age _____ DOB _____ SS # _____

Address _____ Parents name _____ Phone _____

Personal Physician _____ Address _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Sport(s) _____

History

Explain "Yes" answers below:	YES	NO
1. Have you ever been hospitalized?		
2. Have you ever had surgery?		
3. Are you presently taking medicine or pills?		
4. Do you have any allergies (medicine, bees, other insects, etc.)?		
5. Have you ever been dizzy during or after exercise?		
6. Have you ever had chest pain during or after exercise?		
7. Do you tire more quickly than your friends during exercise?		
8. Have you ever had high blood pressure?		
9. Have you ever been told you have a heart murmur?		
10. Have you ever had racing of your heart or skipped heartbeats?		
11. Has anyone in your family died of heart problems or sudden death before age 50?		
12. Do you have any skin problems (itching, rashes, acne)?		
13. Have you ever had a head injury?		
14. Have you ever been knocked out or unconscious?		
15. Have you ever had a seizure?		
16. Have you ever had a stinger, burner, or pinched nerve?		
17. Have you ever had heat or muscle cramps?		
18. Have you ever been dizzy or passed out in the heat?		
19. Do you have trouble breathing or do you cough during or after activity?		
20. Do you have any special equipment (pads, braces, neck rolls, mouth guard, etc.)?		
21. Have you had any problems with your eyes or vision?		
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? head ___ shoulder ___ thigh ___ neck ___ elbow ___ knee ___ chest ___ hip ___ forearm ___ shin/calf ___ back ___ wrist ___ ankle ___ hand ___ foot ___ other ___		
23. Have you ever had an eating disorder, or do you have concerns about your weight?		
24. Do you have any chronic medical illnesses (diabetes, asthma, etc.)?		
25. Have you had a medical problem or injury since your last evaluation?		
26. When was your last tetanus shot?		
Women		
27. When was your first menstrual period? _____ When was your last? _____ What was the longest time between your periods last year? _____		
Explain "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/Guardian _____

**Pre-participation Physical Evaluation
Physical Examination**

Side B

Name _____ Age _____ DOB _____

Height _____ Weight _____ BP _____ / _____ Pulse _____
 Vision R 20/ _____ L 20/ _____ Corrected: Y N

GENERAL	NORMAL		ABNORMAL FINDINGS					INITIALS
HEENT								
Pulses								
Heart								
Lungs								
Tanner stage (optional)	1	2	3	4	5			
Skin								
Abdominal								
Genitalia (Males)								
Hernia (Males)								

MUSCULOSKELETAL

Neck/Back								
Shoulders								
Elbows								
Wrists/Hands								
Knees								
Hips								
Ankles/Feet								

Clearance:

- _____ A. Cleared
 _____ B. Cleared after completing evaluation/rehabilitation for: _____
 _____ C. Not cleared for: _____ Collision _____ Contact _____ Non-contact
 _____ Strenuous _____ Moderately Strenuous _____ Non-strenuous

Due to: _____

Recommendation: _____

Name of Physician _____	Address _____
Signature of Physician _____	City/State/Zip _____
Date _____	Phone _____

The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, testicle, or ovary, etc.