

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

PART 1: Identifying Data (to be completed by student and parents or guardian)

Name: _____ School _____ Grade _____

Address: _____

Phone: (H) _____ (W) _____ Birthdate: _____

Age: _____ Sex: M F Sport(s): _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

Health Insurance Carrier: _____

HEALTH HISTORY (Must be completed prior to examination)

Has this student had any:

Yes No

- ___ ___ Chronic or recurrent illness
- ___ ___ Illness lasting over 1 week
- ___ ___ Hospitalizations
- ___ ___ Surgery other than the removal of tonsils
- ___ ___ Missing organs (eye, kidney, testicle)
- ___ ___ Allergies (medicines, insect bites, food)
- ___ ___ Problems with heart or blood pressure
- ___ ___ Chest pain or shortness of breath with exercise
- ___ ___ Dizziness or fainting with exercise
- ___ ___ Fainting or bad headaches or convulsions
- ___ ___ Concussion or loss of consciousness
- ___ ___ Heat exhaustion, heatstroke, or other problems with heat

Is there any history of:

Yes No

- ___ ___ Injuries requiring physician treatment
- ___ ___ Neck or back injury
- ___ ___ Knee injury
- ___ ___ Shoulder or elbow injury
- ___ ___ Ankle injury
- ___ ___ Other serious joint injury
- ___ ___ Broken bones (fractures)

Further History:

- ___ ___ Any reason why student should not participate in sports
- ___ ___ Has any family member died suddenly at less than 40 years of age of causes other than an accident
- ___ ___ Has any family member had a heart attack at less than 55 years of age

Does this student:

- ___ ___ Wear eye glasses or contact lenses
- ___ ___ Wear dental bridges, braces or plates
- ___ ___ Take any medications. Please list them: _____

Date of last known tetanus (lockjaw) shot: _____

Use this space to explain any yes answers to the above questions: _____

Parent or Guardian's Acknowledgement:

I have reviewed and agree with the above information. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate and represent his/her school in supervised athletic activities.

Print name of parent or guardian

Signature of parent or guardian

Address (if different from above) _____ Work Phone _____ Date _____