

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY** REVISED 01/05/06

This MEDICAL HISTORY FORM must be completed annually by student-athlete (or parent/guardian if under 18 years of age) in order for the student to participate in athletic activities.

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 7, 11, or 17 requires a physical exam using the Pre-participation Physical Evaluation Form on the reverse side.

**Yes No**

- ☐ ☐ 1. Have you had a medical illness or injury since your last check up or sports physical?
- ☐ ☐ 2. Have you been hospitalized overnight in the past year?
- ☐ ☐ Have you ever had any surgery? \_\_\_\_\_
- ☐ ☐ 3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or using an inhaler?
- ☐ ☐ 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
- ☐ ☐ 5. Have you ever passed out during or after exercise?
- ☐ ☐ Have you ever been dizzy during or after exercise?
- ☐ ☐ Have you ever had chest pain during or after exercise?
- ☐ ☐ Do you get tired more quickly than your friends do during exercise?
- ☐ ☐ Have you ever had racing of your heart or skipped heartbeats?
- ☐ ☐ Have you had high blood pressure or high cholesterol?
- ☐ ☐ Have you ever been told you have a heart murmur?
- ☐ ☐ Has any family member or relative died of heart problems or of sudden unexpected death before age 50?
- ☐ ☐ Has any family member been diagnosed with (enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)?
- ☐ ☐ Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
- ☐ ☐ Has a physician ever denied or restricted your participation in sports for any heart problems?
- ☐ ☐ 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
- ☐ ☐ 7. Have you ever had a head injury or concussion?
- ☐ ☐ Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? \_\_\_\_\_
- When was the last concussion? \_\_\_\_\_ How severe was each one? (Explain below)
- ☐ ☐ Have you ever had a seizure?
- ☐ ☐ Do you have frequent or severe headaches?
- ☐ ☐ Have you ever had numbness or tingling in your arms, hands, legs, or feet?
- ☐ ☐ Have you ever had a stinger, burner, or pinched nerve?
- ☐ ☐ 8. Have you ever become ill from exercising in the heat?
- ☐ ☐ 9. Have you ever gotten unexpectedly short of breath with exercise?
- ☐ ☐ Do you cough, wheeze, or have trouble breathing during or after activity?
- ☐ ☐ Do you have asthma?
- ☐ ☐ Do you have seasonal allergies that require medical treatment?
- ☐ ☐ 10. Have you had any problems with your eyes or vision?
- ☐ ☐ 11. Are you missing any paired organs?
- ☐ ☐ 12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position? (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
- ☐ ☐ 13. Have you ever had a sprain, strain, or swelling after injury?
- ☐ ☐ Have you broken or fractured any bones or dislocated any joints?
- ☐ ☐ Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? (If yes, check box & explain below.) ☐Head ☐Neck ☐Chest ☐Shoulder ☐Upper Arm ☐Elbow ☐Forearm ☐Wrist ☐Hand ☐Finger ☐Back ☐Hip ☐Thigh ☐Knee ☐Shin/Calf ☐Ankle ☐Foot
- ☐ ☐ 14. Do you want to weigh more or less than you do now?
- ☐ ☐ Do you lose weight regularly to meet weight requirements for your sport?
- ☐ ☐ 15. Do you feel stressed out?
- ☐ ☐ 16. Record the dates of your most recent immunizations (shots) for:
- Tetanus \_\_\_\_\_ Measles/Mumps/Rubella \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Chickenpox \_\_\_\_\_

Polio \_\_\_\_\_ Meningococcal \_\_\_\_\_ ☐ ☐ 17. Are you under a doctor's care? **Females Only**

18. When was your first menstrual period? \_\_\_\_\_ When was your most recent menstrual period? \_\_\_\_\_

How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_

How many periods have you had in the last year? \_\_\_\_\_ What was the longest time between periods in the last year? \_\_\_\_\_

**Explain "Yes" answers here:**

\_\_\_\_\_

\_\_\_\_\_

**Sport:** ☐Baseball ☐Football ☐Softball ☐Tennis ☐Basketball ☐Golf ☐Track & Field/Cross Country ☐Soccer ☐Volleyball

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

Student-Athlete Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (If student-athlete under 18)

### PRE-PARTICIPATION PHYSICAL EVALUATION

Name	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	Date of Birth	
Height	Weight		Pulse	Blood Pressure
Vision: R 20/____ L 20/____	Vision Corrected: <div style="text-align: center;">Y    N</div>	Pupils: Equal _____ Unequal _____		

*As a minimum requirement, this Physical Examination Form must be completed prior to NCAA Participation.*

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/ Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart In supine position			
Heart-Auscultation in standing position			
Heart-lower extremity pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/thigh			
Knee			
Leg/Ankle			
Foot			

#### CLEARANCE

☐Cleared

☐Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

☐Not cleared for: \_\_\_\_\_Reason: \_\_\_\_\_

Recommendations:\_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant or a Nurse Practitioner, licensed by a State Board of Physician Assistant Examiners. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type)\_\_\_\_\_Date of Examination:\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Signature:\_\_\_\_\_ *Must  
be completed before a student participates in any practice and/or competition for Southwest Texas State  
University.*