

## ATHLETICS PREPARTICIPATION PHYSICAL EXAM

**Internal Use Only:**

MCIR:  Yes  No

Name: \_\_\_\_\_  
First      Middle Initial      Last

DOB: \_\_\_\_\_  
MM / DD / YY

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Sports: \_\_\_\_\_

<b>Answer the following questions:</b>	<b>Y</b>	<b>N</b>	<b>Explain</b>
Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have an ongoing medical condition such as asthma or diabetes?			
Are you currently taking any prescription or nonprescription drugs?			
Do you have allergies to medicines, pollens, foods, or stinging insects?			
Have you ever passed out or nearly passed out during or after exercise?			
Have you ever had discomfort, pain, or pressure in your chest during exercise?			
Does your heart race or skip beats during exercise?			
Have you ever been diagnosed with any of the following? (Check all that apply) <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection			
Has a doctor ever ordered a test for your heart such as an ECG?			
Has anyone in your family died for no apparent reason?			
Does anyone in your family have a heart problem?			
Has any family member or relative died of heart problems or of sudden death before age 50?			
Does anyone in your family have Marfan syndrome?			
Have you ever spent the night in a hospital?			
Have you ever had surgery?			
Have you ever had an injury such as a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game?			
Have you had any broken or fractured bones or dislocated joints?			
Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitations, physical therapy, a brace, a cast, or crutches?			
Have you ever had a stress fracture?			
Have you had an x-ray for atlantoaxial (neck) instability?			
Do you regularly use a brace or assistive device?			
Have you ever been diagnosed with asthma or allergies?			
Is there anyone in your family who has asthma?			

<b>Continued...</b>	<b>Y</b>	<b>N</b>	<b>Explain</b>
Do you cough, wheeze, or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medication?			
Were you born without or are you missing a kidney, an eye, a testicle, or any other organs?			
Have you had infectious mononucleosis in the past month?			
Do you have any rashes, pressure sores, or other skin problems?			
Have you had a herpes skin infection?			
Have you ever had a head injury or concussion?			
Have you been hit in the head and been confused or lost your memory?			
Have you ever had a seizure?			
Do you have headaches when you exercise?			
Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
Have you ever been unable to move your arms or legs after being hit or falling?			
When exercising in heat, do you have severe muscle cramps or become ill?			
Have you or a family member been diagnosed with sickle cell trait or sickle cell disease?			
Have you had any problems with your eyes or vision?			
Do you wear glasses or contacts?			
Do you wear protective eyewear such as goggles or a face shield?			
Are you happy with your weight?			
Are you trying to lose or gain weight?			
Has anyone recommended you change our weight or eating habits?			
Do you limit or carefully control what you eat?			
Do you feel stressed out?			
Do you have any concerns that you would like to discuss with a doctor?			
<b>FEMALES ONLY</b>	<b>Y</b>	<b>N</b>	<b>Explain</b>
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			
Does your menstruation interfere with your sport or your daily life?			