

**PRE-PARTICIPATION SPORTS PHYSICAL (OFFICE- BASED EXAM)**  
**DELTA COUNTY AREA SCHOOLS**

(Complete in INK)

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 (Last) (First)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

PHONES: \_\_\_\_\_  
 (home) (work)

**WHICH SPORTS ARE YOU INTERESTED IN FOR THE COMING YEAR?**

\_\_\_\_ Football \_\_\_\_ Wrestling \_\_\_\_ Track \_\_\_\_ Cheerleading \_\_\_\_ Volleyball \_\_\_\_ Golf \_\_\_\_ Swim  
 \_\_\_\_ Basketball \_\_\_\_ Cross Country \_\_\_\_ Hockey \_\_\_\_ Tennis \_\_\_\_ Gymnastics \_\_\_\_ Softball

**MEDICAL HISTORY (Must be reviewed and signed by Parent or Guardian)** (Please check) **YES** **NO**

- |   |           |       |
|---|-----------|-------|
| 1. Have you ever been told you couldn't participate in sports?  | 1. _____  | _____ |
| 2. Are you currently being treated for an injury or illness?  | 2. _____  | _____ |
| 3. Are you blind in either eye?   | 3. _____  | _____ |
| 4. Do you have any eye problems not correctable by glasses or contacts?                                   | 4. _____  | _____ |
| 5. Have you ever passed out or fainted during or after exercise?  | 5. _____  | _____ |
| 6. Have any family members under age 50 died suddenly of a heart problem or require a pacemaker?          | 6. _____  | _____ |
| 7. Do you get tired, short of breath more quickly than your friends with exercise?                        | 7. _____  | _____ |
| 8. Does your heart race uncontrolled, skip beats, or have chest pains during exercise?                    | 8. _____  | _____ |
| 9. Have you ever had high blood pressure, a heart murmur or heart problem?                                | 9. _____  | _____ |
| 10. Do you have asthma or do you wheeze or cough with exercise?   | 10. _____ | _____ |
| 11. Have you ever had a heart test such as a heart echo or EKG by a doctor?                               | 11. _____ | _____ |
| 12. Do you have a history of a heart infection such as endocarditis or Kawasaki's disease?                | 12. _____ | _____ |
| 13. Is there any family history of cardiomyopathies, Marfan, Brugada or long QT syndrome?                 | 13. _____ | _____ |
| 14. Have you ever been knocked unconscious, had a skull fracture, or concussion?                          | 14. _____ | _____ |
| 15. Have you broken any bones?  | 15. _____ | _____ |
| 16. Have you had any sprains, dislocations, or torn ligaments?  | 16. _____ | _____ |
| 17. Have you ever had a neck injury, or severe pain or numbness in the neck or arms while playing sports? | 17. _____ | _____ |
| 18. Have you ever had an injury that has kept you out of a sport for more than 2 weeks?                   | 18. _____ | _____ |
| 19. Have you had any bone or joint operations?  | 19. _____ | _____ |
| 20. Have you ever had any kidney disease or injury, blood in the urine, or painful urination?             | 20. _____ | _____ |
| 21. Are you missing any organs or have any painful bulges in the groin area?                              | 21. _____ | _____ |
| 22. Have you had Mononucleosis ("mono")? When? _____  | 22. _____ | _____ |
| 23. Have you had any other surgery?   | 23. _____ | _____ |
| 24. Have you been hospitalized for anything not mentioned above?  | 24. _____ | _____ |
| 25. Do you have seizures or epilepsy? Do you get severe headaches with exercise?                          | 25. _____ | _____ |
| 26. Do you have Diabetes?   | 26. _____ | _____ |
| 27. Are you taking any medications?   | 27. _____ | _____ |
| 28. Do you use alcohol, tobacco, inhalants, or other drugs?   | 28. _____ | _____ |
| 29. Do you use steroids, amino acids, creatine, or other performance enhancing substances?                | 29. _____ | _____ |
| 30. Do you have frequent cramping during sports activities?   | 30. _____ | _____ |

**DESCRIBE details of any YES answers:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(If you have any **special letters** from your physician that have been needed in the past to explain a medical problem, or to release to play sports, please attach them to this form.)

I have carefully reviewed this Medical History, and declare it to be correct to the best of my knowledge. I believe that this student is in satisfactory physical and emotional condition to participate in athletics unless otherwise noted. **(The physical evaluation cannot be performed without this completed and signed form.)**

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT or GUARDIAN

STUDENT

