Mercy High School 233 Riverside Way Red Bluff, CA 96080 (530) 527-8313

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY **DATE OF EXAMINATION**_____ **PERSONAL PHYSICIAN**_____

NAME_____**SEX**____**AGE**____**DATE OF BIRTH**_____

GRADE____**SCHOOL**_____**SPORT(S)**_____

ADDRESS_____**PHONE**_____

EMERGENCY CONTACT:
NAME_____**RELATIONSHIP**_____**PHONE (H)** _____ **(W)** _____

Explain "Yes" answers below.
Circle questions you don't know.

	Y	N
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___
Do you have an ongoing or chronic illness?	___	___
2. Have you ever been hospitalized over night?	___	___
Have you ever had surgery?	___	___
3. Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?	___	___
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	___	___
Have you ever had a rash or hives develop during or after exercise?	___	___
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 death before the age of 50?	___	___
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___
Has a physician ever denied or restricted you 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?	___	___
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. 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?	___	___

	Y	N
10. 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?)	___	___

Yes / No

11. Have you had any problems with your eyes or vision?	___	___
Do you wear glasses, contacts or protective eyewear?	___	___
12. 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 appropriate box and explain below.

___Head	___Elbow	___Hip
___Neck	___Forearm	___Thigh
___Back	___Wrist	___Knee
___Chest	___Hand	___Shin/Calf
___Shoulder	___Finger	___Ankle
___Upper Arm		___Foot

13. Do you want to weigh more or less than you do now?	___	___
Do you lose weight regularly to meet weight requirements for your sport?	___	___
14. Do you feel stressed out?	___	___

15. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B_____ Chickenpox _____

FEMALES ONLY

16. 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:*_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Signature of athlete_____ Signature of parent/guardian_____ Date _____