

WHATCOM COUNTY PRE-PARTICIPATION SPORTS PHYSICAL EXAM
 Required for Participation – Parents must review and sign

Name: _____ **Birth Date:** _____ **Exam Date:** _____
Address: _____ **City:** _____
Parent's Name: _____ **Phone:** _____ **Cell:** _____
In case of emergency contact: Name: _____ **Phone:** _____

HISTORY (to be completed by student & parents)

- Y N 1. Have you had any illness/injury recently or now?
- Y N 2. Have you had a medical problem, illness or injury since your last exam?
- Y N 3. Do you have any chronic or recurrent illness?
- Y N 4. Have you ever had an illness lasting more than a week?
- Y N 5. Have you ever been hospitalized overnight?
- Y N 6. Have you had any surgeries?
- Y N 7. Have you ever had any injuries requiring treatment by a Dr.?
- Y N 8. Do you have any organ missing (appendix, eye, kidney, testicle, etc.)
- Y N 9. Are you presently taking any medications? (including vitamins, aspirin)
- Y N 10. Do you have **ANY** allergies? (medicine, bees, foods)
- Y N 11. Have you ever had chest pain, dizziness, fainting or passing out during or after exercise?
- Y N 12. Do you tire more easily or quickly than your friends during exercise?
- Y N 13. Have you ever had any problem with your blood pressure?
- Y N 14. Have any close relatives had heart problems, heart attacks, or sudden death before they were age 50?
- Y N 15. Do you have any skin problems (acne, itching, rashes, etc)?
- Y N 16. Have you ever had fainting, convulsions, seizures or severe dizziness?
- Y N 17. Do you have frequent severe headaches?
- Y N 18. Have you ever had a "stinger" or "burner" or "pinched nerve"?
- Y N 19. Have you ever been "knocked out" or "passed out"?
- Y N 20. Have you ever had a neck or head injury?
- Y N 21. Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related
- Y N 22. Do you have asthma, trouble breathing, coughing during or after exercise?
- Y N 23. Do you wear eyeglasses, contact lenses or protective eyewear?
- Y N 24. Have you had any problem with your eyes or vision?
- Y N 25. Do you wear any dental appliances, such as braces, bridge, plate, retainer?
- Y N 26. Have you ever had a knee or ankle injury?
- Y N 27. Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
- Y N 28. Have you ever had a broken bone (fracture)?
- Y N 29. Have you ever had a cast, splint, or had to use crutches?
- Y N 30. Must you use special equipment for competition (braces, etc.)?
- Y N 31. Has it been more than 8 years since your last tetanus booster shot?
- Y N 32. Are you worried about your weight?
- Y N 33. Have you any medical concerns about participating in your sport?
- Y N 34. Are you taking any pills or drugs to increase your strength or Performance?

FEMALES ONLY: When was your first menstrual period? _____
 When was your last menstrual period? _____
 How far apart are your periods? _____ How long do they last? _____
 How many periods have you had in the last year? _____

Explain "Yes" Answers to any of the above questions:

I attest, by my signature below, that to the best of my knowledge, my answers to the above questions are completed and correct.

Signature of Athlete: _____

Signature of Parent: _____ Date: _____

PHYSICAL (to be completed by Doctor)

Age: _____ Height: _____ Weight: _____
 BP: _____ Pulse: _____ Vision: R _____ L _____

MEDICAL

Normal/Abnormal	Findings
N A Appearance	_____
N A Eyes	_____
N A Ears	_____
N A Nose	_____
N A Throat	_____
N A Lymph Nodes	_____
N A Heart	_____
N A Pulses	_____
N A Lungs	_____
N A Abdomen	_____
N A Genitalia (males only)	_____
N A Skin	_____

MUSCULOSKELETAL

Normal/Abnormal	Findings
N A Neck	_____
N A Back	_____
N A Shoulder/Arm	_____
N A Elbow/Foreman	_____
N A Wrist/Hand	_____
N A Hip/Thigh	_____
N A Knee	_____
N A Leg/Ankle	_____
N A Foot	_____

ASSESSMENT:

___ Full Participation ___ Limited Participation

Describe Limitations: _____

Participation contraindicated reasons: _____

Recommendations: (Equipment, taping, rehabilitation, referral) _____

Examiner's Name: _____

Signature: _____

Phone#: _____ Date: _____