

## PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

The **MEDICAL HISTORY FORM** must be completed **annually** by parent/guardian and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition, which would make it hazardous to participate in an athletic event.

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ SSN# \_\_\_\_\_

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

**In case of emergency contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*Explain "YES" answers below in the space that is provided at the end of the Medical History. Circle questions you don't know the answers to.\*\***

- |  |           |          |
|--|-----------|----------|
| 1. Have you had a medical illness or injury since your last check or sports physical?  | Yes _____ | No _____ |
| 2. Have you been hospitalized overnight in the past year?  | Yes _____ | No _____ |
| Have you had surgery in the past year?   | Yes _____ | No _____ |
| 3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?   | Yes _____ | No _____ |
| 4. Do you have any allergies (for example: to pollen, medicine, food or stinging insects)?   | Yes _____ | No _____ |
| 5. Have you ever passed out during or after exercise?  | Yes _____ | No _____ |
| Have you ever been dizzy during or after exercise?   | Yes _____ | No _____ |
| Have you ever had chest pain during or after exercise?   | Yes _____ | No _____ |
| Do you get tired more quickly than your friends do during exercise?  | Yes _____ | No _____ |
| Have you ever had racing of your heart or skipped heartbeats?  | Yes _____ | No _____ |
| Have you had high blood pressure or high cholesterol?  | Yes _____ | No _____ |
| Have you ever been told you have a heart murmur?   | Yes _____ | No _____ |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50?  | Yes _____ | No _____ |
| Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, Long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?  | Yes _____ | No _____ |
| Have you had severe viral infection (for example: myocarditis or mononucleosis) within the last month?   | Yes _____ | No _____ |
| Has a physician ever denied or restricted your participation in sports for any heart problems?   | Yes _____ | No _____ |
| 6. Do you have any current skin problems (for example: itching, rashes, acne, warts, and fungus or blisters)?  | Yes _____ | No _____ |
| 7. Have you ever had a head injury or concussion?  | Yes _____ | No _____ |
| Have you ever been knocked out, become unconscious, or lost your memory?   | Yes _____ | No _____ |
| If yes, how many times? _____ When was the last concussion? _____  |           |          |
| How severe was each one? (Explain to your right)   |           |          |
| Have you ever had a seizure?   | Yes _____ | No _____ |
| Do you have frequent or severe headaches?  | Yes _____ | No _____ |
| Have you ever had numbness or tingling in our arms, hands, legs, or feet?  | Yes _____ | No _____ |
| Have you ever had a stinger, burner or pinched nerve?  | Yes _____ | No _____ |
| 8. Have you ever become ill from exercising in the heat?   | Yes _____ | No _____ |
| 9. Have you ever gotten unexpectedly short of breath with exercise?  | Yes _____ | No _____ |
| Do you cough, wheeze or have trouble breathing during or after an activity?  | Yes _____ | No _____ |
| Do you have asthma?  | Yes _____ | No _____ |
| Do you have seasonal allergies that require medical treatment?   | Yes _____ | No _____ |
| 10. Have had any problems with your eyes or vision?  | Yes _____ | No _____ |
| 11. Are you missing any paired organs?   | Yes _____ | No _____ |
| 12. Do you use any special protective or corrective equipment 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 _____ |

13. Have you ever had a sprain, strain, or swelling after injury? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you broken or fractured any bones or dislocated any joints? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, check the appropriate blank and explain below.

\_\_\_\_\_ Head \_\_\_\_\_ Elbow \_\_\_\_\_ Hip \_\_\_\_\_ Neck  
 \_\_\_\_\_ Forearm \_\_\_\_\_ Thigh \_\_\_\_\_ Back \_\_\_\_\_ Wrist  
 \_\_\_\_\_ Knee \_\_\_\_\_ Chest \_\_\_\_\_ Hand \_\_\_\_\_ Shin/Calf  
 \_\_\_\_\_ Shoulder \_\_\_\_\_ Finger \_\_\_\_\_ Ankle/Foot \_\_\_\_\_ Upper Arm

14. Do you want to weigh more or less than you do now? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you lose weight regularly to meet with requirements for your sport? Yes \_\_\_\_\_ No \_\_\_\_\_  
 15. Do you feel stressed out? Yes \_\_\_\_\_ No \_\_\_\_\_  
 16. Record the dates of your most recent immunizations (shots) for:

\_\_\_\_\_ Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Chickenpox

17. Are you under a doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_

**Questions for Females Only 18-22**

18. When was your first menstrual period? \_\_\_\_\_  
 19. When was your most recent menstrual period? \_\_\_\_\_  
 20. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 21. How many periods have you had in the last year? \_\_\_\_\_  
 22. What was the longest time between periods in the last year? \_\_\_\_\_

**Explain, "yes" answers here:**

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the New Mexico Activities Association nor Clovis Municipal School assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities about the illness or injury.

**To the parent- Check any activity this student is allowed to participate in:**

\_\_\_\_\_ Baseball \_\_\_\_\_ Football \_\_\_\_\_ Softball \_\_\_\_\_ Tennis \_\_\_\_\_ Cross Country \_\_\_\_\_ Basketball \_\_\_\_\_ Swimming  
 \_\_\_\_\_ Golf \_\_\_\_\_ Volleyball \_\_\_\_\_ Soccer \_\_\_\_\_ Track & Field \_\_\_\_\_ Cheerleading \_\_\_\_\_ Drill team \_\_\_\_\_ Other

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

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_