

Galesburg Athletics Pre-Participation Physical Evaluation

Last Name _____ First Name _____ M.I. _____

Height _____ Weight _____ BP _____ / _____

Pulse –Resting _____ After 15 hops _____ After 2 minutes _____

Vision –R 20/____ L 20/____ Corrected Y N

	Circle (if option given)	Specific Findings
Cardiovascular		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
Marfan s 'syndrome stigmata	No Yes	
	Normal (x)	Specific Findings
Neurological		
Gait		
Reflexes		
Pupils		
Lungs		
Skin		
Musculoskeletal		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance: (Circle one)

A. Cleared B. Not cleared Due to _____

Recommendation _____

I hereby certify that this athlete was examined by me.

Physician (Print Name) _____

Signature of Physician _____ Date _____

Galesburg Athletics Pre-Participation Physical Evaluation

Must be completed in black ink.

Last Name _____ First Name _____ M.I. _____ Date _____

School Next Fall (*Circle one*) GHS Lombard Churchill Costa Home Phone (____) _____

Home Address _____ City _____ Zip _____

Gender _____ Age _____ Date of Birth _____ Grade _____

Personal Physician _____ Phone (____) _____

Explain Yes answers below:

CIRCLE

- | | | |
|---|-----|----|
| 1. Have you been hospitalized within the last five years? | Yes | No |
| Have you ever had surgery? | Yes | No |
| Are you presently under a doctor's care? | Yes | No |
| 2. Are you presently taking any prescription medications (including inhalers)? | Yes | No |
| 3. Do you have any allergies (food, medicines, bees or other stinging insects)? | Yes | No |
| 4. 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 |
| Have you ever had high blood pressure? | Yes | No |
| Have you ever been told that you have a heart murmur? | Yes | No |
| Have you ever had racing of your heart or skipped heartbeats? | Yes | No |
| Has any family member or relative died of heart problems or a sudden death before age 50? | Yes | No |
| Have you or anyone in your family had Marfan's syndrome? | Yes | No |
| Have you had any siblings or cousins die of SIDs? | Yes | No |
| 5. Do you have any skin problems that require medical care (itching, rashes)? | Yes | No |
| 6. 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 |
| 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 your arms, hands, legs or feet? | Yes | No |
| Have you ever had a stinger, burner, or pinched nerve? | Yes | No |
| 7. Have you ever had heat cramps, heat illness, or muscle cramps? | Yes | No |
| 8. Do you have trouble breathing, or do you cough, during or after activity? | Yes | No |
| 9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? | Yes | No |
| 10. Have you had any problems with your eyes or vision? | Yes | No |
| Do you wear glasses or contacts or protective eye wear? | Yes | No |
| 11. Do you have any permanent hearing problems? | Yes | No |
| 12. Are you missing an eye, kidney, testicle or spleen? | Yes | No |
| 13. Have you had any other medical problems (diabetes, anemia, etc.)? | Yes | No |
| 14. Have you had a medical problem or injury since your last school or sports physical? | Yes | No |
| 15. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? | | |
| • Head • Shoulder • Thigh • Neck • Elbow • Knee • Foot | | |
| • Forearm • Shin/calf • Back • Wrist • Ankle • Hip • Hand | | |

Explain Yes answers _____

We hereby state that, to the best of our knowledge, the answers to the above questions are correct.

Both signatures below are mandatory.

Signature of athlete _____

Signature of parent/guardian _____