

Sport: _____

CABRILLO HIGH SCHOOL ATHLETIC PHYSICAL FORM

ATHLETIC PRE-PARTICIPATION EVALUATION (HISTORY)

Please be advised that this is a pre-participation screening physical exam and in no way constitutes a complete physical examination.

Student Name: _____ M F Date of Birth: _____

Date of last examination by doctor (approximate): _____

Date of last tetanus booster: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO:

- Have you been under a doctor's care in last 12 months? Yes No
Have you been in the hospital in the last 12 months? Yes No
Have you ever had any type of surgery? Yes No
If yes, briefly explain: _____
Do you want to talk to a doctor about a health problem or injury? Yes No

HAS ANYONE IN YOUR IMMEDIATE FAMILY EVER HAD?

- Heart trouble Yes No
High blood pressure Yes No
Has anyone in your family, under age 50, died suddenly? Yes No

HAVE YOU HAD OR DO YOU NOW HAVE?

- Temporary loss of vision Yes No
Wear glasses or contact lenses Yes No
Migraine headaches Yes No
Hearing loss Yes No
Perforated ear drum Yes No
Sinus infections Yes No
Broken nose Yes No
Dental plate (dentures) Yes No
Orthodontics (teeth straightened) Yes No
Hernia Yes No
Brain concussion (head injury) Yes No
Tendency to lose consciousness (faint) Yes No
Skull fracture Yes No
Convulsions or epilepsy Yes No
Neck injury Yes No
Very bad (impaired) vision in one eye Yes No
Kidney problems Yes No
Diabetes (high sugar in blood or urine) Yes No
Tendency to bleed or bruise easily Yes No
Anemia (tired blood) Yes No
Asthma (wheezing) Yes No
Hay fever Yes No
Hives or rash Yes No
Bee sting reactions (allergy) Yes No
Reactions to medication (allergy) Yes No
Fungus infection Yes No
Athlete's Foot Yes No
Foot problems Yes No
Heart trouble or murmur Yes No
High blood pressure Yes No
Persistent cough Yes No
Chest pain with exercise Yes No
Dizziness or faintness with exercise Yes No
Recurrent rash Yes No
Back injury or frequent backaches Yes No
Other joint problems, e.g. swelling, pain Yes No
Bone infection Yes No
Bone fracture Yes No
Joint dislocation Yes No
Knee injury Yes No
Ankle injury Yes No
Do you take any medications regularly? Yes No
Do you take any medicine for emergency use? Yes No

PHYSICAL EXAMINATION FINDINGS:

(To be completed by attending doctor)

1. BP _____ 2. PR _____

EXAMINATION WNL ABN

- 3. Neck
4. Blood pressure
5. Cardiac
6. Abdomen
7. Extremities

Comments:

I certify that the above named student is physically fit to engage in sports.

X _____
Physician's Signature

Date: _____

- If yes, what? _____ When? _____
If yes, what? _____ When? _____
If yes, what? _____ When? _____
If yes, what? _____ When? _____
If yes, what? _____ When? _____
If yes, what? _____ When? _____

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured you are authorized to have the student treated and I authorize the medical agency to render treatment.

X _____
Student Signature

X _____
Parent Signature

Date