## **Birmingham Public Schools Preparticipation Physical Evaluation**

HISTORY DATE OF EXAM		1			A current-year physical is one given on or after April 15 of the previous school year.					
Name				Se	x Ad	ie	Date of birth			
GradeSchool										
Address							Phone		_	
Personal physician							<del></del>		_	
In case of emergency, con									_	
Name					Phone (H)		(W)			
	· · · · · · · · · · · · · · · · · · ·				· /_					
Explain "Yes" answers below. Circle questions you don't kno		Yes	No					Yes	No	
Have you had a medical illness or injury since your last check up or sports physical?				10.			I protective or corrective hat aren't usually used for you	, 🗆		
Do you have an ongoing or chr					sport or position	on (for ex	ample knee brace, special			
<ol><li>Have you ever been hospitalized overnight? Have you ever had surgery?</li></ol>					neck roll, foot hearing aid)?	orthotics,	retainer on your teeth,			
<ol><li>Are you currently taking any pr nonprescription (over the count</li></ol>				11.	Have you had Do you wear		elems with your eyes or vision? contacts or protective			
using an inhaler? Have you ever taken any supp	lements or vitamins to help			12.	eyewear? Have you eve	r had a sp	orain, strain or swelling after			
you gain or lose weight or improve your performance?  4. Do you have any allergies (for example, to pollen,					injury? Have vou brol	ken or fra	ctured any bones or dislocated	ı 🗆		
medicine, food, or stinging inse Have you ever had a rash or hi	ects)?	_			any joints?		r problems with pain or			
exercise?					swelling in mu	ıscles, ter	ndons, bones or joints?	_	_	
<ol><li>Have you ever passed out duri Have you ever been dizzy duri</li></ol>					If yes, check a  ☐ Head	appropriat ⊟ Elb	te box and explain below. bow □ Hip			
Have you ever had chest pain	during or after exercise?				□ Neck	☐ For	rearm			
Do you get tired more quickly to exercise?	han your friends do during				□ Back □ Chest	□ Wri □ Ha				
Have you ever had racing of your heart or skipped					□ Shoulder	☐ Fin	ger ☐ Ankle			
heartbeats? Have you had high blood pressure or high cholesterol?				13.	☐ Upper arm Do you want t		☐ Foot nore or less than you do now?			
Have you ever been told you have a heart murmur?					Do you lose w	eight reg	ularly to meet weight			
Has any family member died of heart problems or of sudden death before age 50?				14.	requirements Do you feel st					
Have you had a severe viral infection (for example,					•		r most recent immunizations (i	_		
myocarditis or mononucleosis) Has a physician ever denied or					Tetanus		Measles			
participation in sports for any h	eart problems?	_			Hepatitis B_		Chickenpox			
<ol><li>Do you have any current skin p itching, rashes, acne, warts, full</li></ol>				FEN	IALES ONLY					
7. Have you ever had a head inju	ry or concussion?			16.			enstrual period?			
Have you ever been knocked out, become unconscious, or lost your memory?							ecent menstrual period? usually have from the start of			
Have you ever had a seizure?					period to the s	start on a	nother?			
Do you have frequent or severe Have you ever had numbness							e you had in the last year?			
hands legs or feet?		_		Ехр	lain "Yes" ans	wers her	ime between in the last year re:		_	
Have you ever had a stinger, b 8. Have you ever become ill from									_	
9. Do you cough, wheeze, or have	e trouble breathing during									
or after activity? Do you have asthma?									_	
Do you have seasonal allergies treatment?	s that require medical									
I hereby give my consent for the determining eligibility for intersol questions are complete and corr	holastic athletics. I also h								e of	
Signature of athlete	Sig	nature	e of pa	arent/g	guardian		Date			

## **Preparticipation Physical Evaluation**

PHYSICAL EXAMINATION							
Name			Date of birth				
Height Weight	% Body fa	at (optional)	Pulse BP_	/(/	,/)		
Vision R 20/ L 20/_							
	NORMAL		ABNORMAL FINDIN	GS	INITIALS		
MEDICAL							
Appearance							
Eyes/Ears/Nose/Throat							
Lymph Nodes							
Heart							
Pulses							
Lungs							
Abdomen							
Genitalia (Males only)							
Skin							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand							
Hip/thigh							
Knee							
Leg/ankle							
Foot							
* Station based examination only					·		
CLEARANCE							
□ Cleared	_						
☐ Cleared after completing evaluati	ion/rehabilitation for:						
		· · · · · · · · · · · · · · · · · · ·					
□ Not Cleared for:		F	Reason:				
Recommendations:							
		· · · · · · · · · · · · · · · · · · ·					
Name of Physician (Print/Type)				Date			
Address				Phone			

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MD or DO

Signature of Physician\_