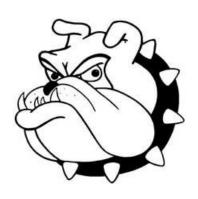
Westerly High School



PRE-PARTICIPATION PHYSICAL EVALUATION

To be completed by athlete and parent: Date: _____ Student-Athlete's Name: __ First Middle Address: City/State ZipSchool: _____Westerly High School _____ Grade: _____ Date Of Birth: ______ Age _____ Sex _____ Emergency Contact Person: Emergency Phone: Family Doctor: Address: Street City/State ZipPhone:

Pre-Participation History and Physical Exam

HISTORY

General	Yes No					
1. Have you had a medical illness or injury since your last check up or sports physical?						
2. Do you have an ongoing or chronic illness?						
3. Have you ever been hospitalized overnight?						
4. Have you ever had surgery?						
5. Are you currently taking any prescription or non-prescription (over the counter)						
medications or pills?						
a. prescription						
b. non-prescription						
(over the counter)						
6. Do you have any allergies (for example: to pollen, medicine, or stinging insects)?						
If ves, which one(s)?						
If yes, which one(s)?						
8. Have you had any problems with your eyes or vision? What:						
9. Do you wear glasses, contacts, or protective eyewear? Which:						
10. Do you have any current skin problems? What:						
12. Do you smoke?, how many packs per day?						
13. Do you have only one of a normally paired organ (i.e. kidney, lung, eye, testicle)?						
If yes, which one(s)?						
•						
Heart	Yes No					
1. Have you ever passed out during or after exercise?						
2. Have you ever been dizzy after exercise?						
3. Have you ever had chest pain during or after exercise?						
4. Have you ever had racing of your heart or skipped heartbeats?						
5. Have you ever been told you have a heart murmur?						
6. Has any family member or relative died of heart problems or of sudden death before age 50?						
7. Have you had a viral infection (for example: mononucleosis) within the last year?						
If yes, what?8. Has a physical ever denied or restricted your participation in sports for any heart problems?						
o. Has a physical ever defined of resurreted your participation in sports for any near problems.						
Lung	Yes No					
1. Do you cough, wheeze, or have trouble breathing during or after activity?						
2. Do you have asthma?						
3. Do you use an inhaler?						
Musculo-Skeletal	Yes No					
1. Do you use any special protective or corrective equipment or devices that aren't						
usually used for your sport or position (for example: knee brace, special neck roll,						
foot orthotics, retainer on your teeth)? What:						
2. Have you ever had a sprain, strain, or swelling after injury which prevented you from						
participation? What / When:						
3. Have you broken or fractured any bones or dislocated any joints?						
What / When:						

Head	Yes No
1. Have you had a head injury or a concussion? When:	
2. Have you ever been knocked out, become unconscious, or lost your memory?	
When / What:	
3. Have you ever had a seizure? When:	
4. Have you ever had a stinger, burner, or numbness in your arms, hands, legs or feet?	
If yes, which one(s)?	
Nutrition	Yes No
1. Do you skip meals during the day?	
2. Do you use laxatives, diuretics, or stimulants to control your weight?	
If yes, what?	
4. Do you self-induce vomiting after eating?	
5. Do you restrict certain types of foods?	
If yes, what	
If yes, what6. Have you ever taken nutritional supplements?	
If yes, what:	
7. Do you have a food allergy?	
If yes, what:	
If yes, what:	
,	
FEMALES ONLY	
1. When was your last menstrual period?	
2. How often do your periods occur?	
3. Have you ever gone 4 months without getting a period?	
Parental Permission and Authorization for Treatment	
We hereby give our consent for to represent his/her school in	
1	
interscholastic athletics. If in the event of injury or accident either en route to the event, at the event, or en	route
back from the event, we also give our consent for the school to obtain any and all medical care that is deer	med
,	
reasonably necessary for the welfare of the student. We realize that all reasonable efforts will be made to	contact us
Tousbound of the work of the students we remain the remains that the students will be made to	70114400 445
if the above does occur.	
if the thore does occur.	
We further state that we have completed that part of this form which requires us to list all previous injurie	s or
The further state that we have completed that part of this form which requires as to list an provious injurie	3 01
conditions that are known to us and that the form is completed correct and true.	
conditions that are known to as and that the form is completed correct and true.	
Name of Primary Medical Insurance:	
Name of Frinary Medical insurance.	
Policy Number: Expiration Date:	
Lapitation Date.	
Parent or Guardian (PRINT):	
1 dicht of Guardiali (1 Klivi).	
Signature of Parent or Guardian:	
Signature of Parent or Guardian:	

			ivallie		
PHYSICAL EX	AMINATIO	N	Sport(s):		
Age:			Date of Physical:		
Height:	Weight:				
Pulse:					
		,,, Corrected: Y N			
VISIOII. K	L				
24 1: 1		Normal		Explanation	
Medical					
General					
Skin					
HEENT					
Lymph Nodes					
Heart					
Lungs Abdomen		+			
Genitalia (male	oc only)				
Pulses	es offiy)	+			
Musculo-Skele	utal .	+			
	tai				
Neck Back					
Shoulder/Arm Elbow/Forearr					
Wrist/Hand	11	+			
Hip/Thigh					
Knee					
Calf					
Ankle/Foot					
Neurologic					
IMMUNIZATION	_				
1. Whe	n was your las	t tetanus shot?			
2. Whe	n was your las	t (MMR) measles shot?			
3. Whe	n was vour las	t varicella shot?			
	-	t meningococcal shot?			
4. Wile	ii was your ias	t mennigococcai snot:			
Identified Probl	ems:				
1.					
2					
Review by Phys					
No Athle		an.			
	•				
Lillilled i	o Withhold III	e.g.:			
		til:			
	mited Participa				
Athlete requesti	ing clearance i	n the following sport(s):			
		Cleared: Yes	No		
Recommendation	ons:				Na
		l if examination performed by			