

Signature of Student:

Florida High School Athletic Association

_ Date: ___

Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

art 1. Student Information (to			
			Sex:Age:Date of Birth:/
			School: Sport(s):
me Address:			Home Phone: ()
me of Parent/Guardian:			E-mail:
rson to Contact in Case of Emergency:			
			Work Phone: () Cell Phone: ()
sonal/Family Physician:		c	ity/State: Office Phone: ()
art 2. Medical History (to be comp			explain "yes" answers below. Circle questions you don't know and
Have you had a medical illness or injury since	Yes No		Have you ever become ill from exercising in the heat?
check up or sports physical?	e your last		Do you cough, wheeze or have trouble breathing during or after
Do you have an ongoing chronic illness?		27.	activity?
Have you ever been hospitalized overnight?		28.	Do you have asthma?
Have you ever had surgery?		29.	Do you have seasonal allergies that require medical treatment?
Are you currently taking any prescription or r	non	_ 30.	Do you use any special protective or corrective equipment or
prescription (over-the-counter) medications of			medical devices that aren't usually used for your sport or position
using an inhaler?			(for example, knee brace, special neck roll, foot orthotics, shunt,
Have you ever taken any supplements or vitar		- 21	retainer on your teeth or hearing aid)?
help you gain or lose weight or improve your performance?			Have you had any problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?
Do you have any allergies (for example, polle	en, latex,		Have you ever had a sprain, strain or swelling after injury?
medicine, food or stinging insects)?	n, iacox,		Have you broken or fractured any bones or dislocated any joints?
Have you ever had a rash or hives develop du	ring or		Have you had any other problems with pain or swelling in muscles,
after exercise?			tendons, bones or joints?
Have you ever passed out during or after exer		_	If yes, check appropriate blank and explain below:
Have you ever been dizzy during or after exer		_	Head Elbow Hip Neck Forearm Thigh Back Wrist Knee
Have you ever had chest pain during or after		-	Neck Forearm Thigh
Do you get tired more quickly than your frien	ids do	-	Back Wrist Knee
during exercise? Have you ever had racing of your heart or ski	nned		Chest Hand Shin/Calf
heartbeats?	pped	-	ShoulderFingerAnkle
Have you had high blood pressure or high cho	olesterol?	26	Upper Arm Foot
Have you ever been told you have a heart mu		50.	Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your
Has any family member or relative died of he		- 37.	sport?
problems or sudden death before age 50?		38.	Do you feel stressed out?
Have you had a severe viral infection (for exa			Have you ever been diagnosed with sickle cell anemia?
myocarditis or mononucleosis) within the last			Have you ever been diagnosed with having the sickle cell trait?
Has a physician ever denied or restricted your participation in sports for any heart problems		- 41.	Record the dates of your most recent immunizations (shots) for:
Do you have any current skin problems (for e			Tetanus: Measles:
itching, rashes, acne, warts, fungus, blisters or pr		-	Hepatitus B: Chickenpox:
Have you ever had a head injury or concussio			
Have you ever been knocked out, become und			MALES ONLY (optional)
or lost your memory?			When was your first menstrual period?
Have you ever had a seizure?			When was your most recent menstrual period? How much time do you usually have from the start of one period to
Do you have frequent or severe headaches?		- 44. -	the start of another?
Have you ever had numbness or tingling in yo	our arms,	- 45	How many periods have you had in the last year?
hands, legs or feet?	d norwa?		What was the longest time between periods in the last year?
Have you ever had a stinger, burner or pinched		-	
lain "Vas" angruara hara:			

tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Date: ____/ ____/ ___

Signature of Parent/Guardian: _



Revised 03/16



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Preparticipation Physical Evaluation (Page 2 of 3)

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Birth:/
INITIALS*
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te:/
e:





Florida High School Athletic Association

dic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name:					
ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)					
I hereby certify that the examination(s) for which referred was/were	performed by myself or an individual under my direct supervision with the	following conclusion(s)			
Cleared without limitation					
Disability:	Diagnosis:				
Precautions:					
Not cleared for:	Reason:				
Cleared after completing evaluation/rehabilitation for:					
Recommendations:					
Name of Physician (print):		ite:/			
Address:					
Signature of Physician:					
Based on recommendations developed by the American Academy of Family Ph	hysicians, American Academy of Pediatrics, American Medical Society for Sports Medi	cine, American Orthopae-			