

THE TOME SCHOOL Interscholastic Athletics

Pre-Participation Physical Evaluation

HISTORY

To be completed by parent or guardian and submitted to the examining physician before the student is examined.

Name: _____		Sex: M / F	Age: _____	Date of Birth: _____
Grade: _____	School: _____	Parent's Name: _____		
Address: _____			Phone: _____	
Personal Physician: _____			Phone: _____	
In case of emergency, contact: Name: _____			Relationship: _____	
Home Phone: _____		Work Phone: _____	Other: _____	

DIRECTIONS: Please check box for "Yes" or "No" and explain "Yes" answers in the space below.

	YES	NO		YES	NO
1. Have you ever had a medical illness or injury since your last check up or sports physical?			22. Have you ever become ill from exercising in the heat?		
2. Have you ever been hospitalized overnight?			23. Do you cough, wheeze, or have trouble breathing during or after activity?		
3. Are you currently taking a prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?			24. Do you have asthma?		
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			25. Do you have seasonal allergies that require medical treatment?		
5. Have you ever passed out during or after exercise?			26. Do you have diabetes?		
6. Have you ever been dizzy during or after exercise?			27. Do you use insulin?		
7. Have you ever had chest pain during or after exercise?			28. Do you have any communicable diseases?		
8. Do you get tired more quickly than your friends do during exercise?			29. 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, hearing aid)?		
9. Have you ever had racing of your heart or skipped heartbeats?			30. Have you ever had any problems with your eyes or vision?		
10. Have you had high blood pressure or high cholesterol?			31. Do you wear glasses, contacts or protective eyewear?		
11. Have you ever been told you have a heart murmur?			32. Have you ever had a sprain, strain, or swelling after injury?		
12. Has any family member or relative died of heart problems or of sudden death before age 50?			33. Have you broken or fractured any bones or dislocated any joints?		
13. Have you had a severe viral infection (for example: myocarditis or mononucleosis) within the last month?			34. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If "Yes", circle appropriate area and explain below:		
14. Has a physician ever denied or restricted your participation in sports for any heart problems?			Head	Elbow	Hip
15. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			Neck	Forearm	Thigh
16. Have you ever had a head injury or concussion?			Back	Wrist	Knee
17. Have you ever been knocked out, become unconscious, or lost your memory?			Chest	Hand	Shin/Calf
18. Have you ever had a seizure?			Shoulder	Finger	Ankle
19. Do you have frequent or severe headaches?			Upper Arm		Foot
20. Have you ever had numbness or tingling in your arms, hands, legs, or feet?			35. Do you want to weigh more or less than you do now?		
21. Have you ever had a stinger, burner, or pinched nerve?			36. Do you lose weight regularly to meet weight		
			37. Do you feel stressed out?		

Explain "Yes" answers here: (attach additional sheet if necessary)

By signing below, I understand and agree that student athletes are not to use tobacco, alcohol, or other drugs at any time. (Reference: Tome School Student Handbook, Sec VII. Rules and Regulations)

Any substantiated reported use of alcohol, tobacco, or other drugs in school or out of school will be handled in accordance to school policy and will result in the automatic suspension of my child from the team for the remainder of the season.

I also hereby state that to the best of my knowledge, my answers to the above questions are complete and correct. I give my consent for the above named student to engage in interscholastic sports activities as a representative of their school except those activities crossed out by the examining physician on the reverse side of this form.

Signature of Athlete/Student

Signature of Parent/Guardian

Date

Read above paragraph before signing consent form.
PARENT signature required on BOTH SIDES