Preparticipation Physical Evaluation



Personal physician In case of emergency, contact Name Relationship Phone (H) (W) Explain "Yes" answers below. Circle questions you don't know the answers to. 1. Has a doctor ever denied or restricted your participation in sports for any reason? 2. Do you have an ongoing medicine ondition (like diabetes or astirus)? 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pillo? 4. Do you have allergies to medicines, pollens, foods, or singing insects? 5. Have you ever passed out or nearly passed out DURING exercise? 6. Have you ever passed out or or nearly passed out or pillo? 6. Have you ever passed out or or pillo and the province of the diabetes of the province of t	am	e	-			Martin samuel and the samuel and th				Se	x	_Age	Date of birth	
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2. Does anyone in your family have a heart problem? 3. Has any family member or relative died of heart problems or of sudden death before age 50? 4. Does anyone in your family have Marfan syndrome? 5. Have you ever spent the night in a hospital? 6. Have you ever had surgery? 7. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: 8. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: 9. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: And Neck Shoulder Upper Elbow Forearm Hand/ Fingers And Neck Shoulder Upper Elbow Forearm Hand/ Fingers And Neck Shoulder Upper Elbow Forearm Hand/ Fingers And Neck Shoulder Upper Lower of the pack Forearm Hand/ Fingers And Neck Shoulder Hip Thigh Knee Calf/shin Ankle Foot/toes O. Have you ever had a stress fracture? 40. Do you wear glasses or contact lenses? 41. Do you wear protective eyewear, such as goggles or a face shield? 42. Are you happy with your weight? 43. Are you trying to gain or lose weight? 44. Has anyone recommended you change your weight or eating habits? 45. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY 47. Have you ever had a menstrual period? 48. How old were you when you had in the last 12 months the pack of the							eason?			39				
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an x-ray for atlantoaxial (neck) instability?	aı	n x-ray f	or atlantoa:	dal (neck) instabi	lity?								
2. Do you regularly use a brace or assistive device?														
3. Has a doctor ever told you that you have asthma or allergies?				old you th	at you ha	ave asthma		П	П					