Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

	Date of birth							
		% Body fat (optional)			_(/_	,	_/	_)
on I	R 20/ L 20/	Corrected: Y N I		_				
.49	Follow-Up Questions on More Sensitive Issues Yes No							
	Do you feel stressed out of			4.1				
	2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? 3. Do you feel safe?							
		ette smoking, even 1 or 2 puffs?	Do you currently smo	ke?				
		did you use chewing tobacco, sr						
		have you had at least 1 drink of						
		oid pills or shots without a doctor						
		supplements to help you gain or Risk Behavior Survey (http://w						
2	seatbelts, unprotected se	c, domestic violence, drugs, etc.	w.cdc.gov/ mealthy for	um/yros/maex.num/ c	n guns,			
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	physician (print/type) _				Date _			_

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