



PRE-PARTICIPATION PHYSICAL EVALUATION



HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart for their records).

Form with fields for Date of Exam, Name, Date of Birth, Sex, Age, Grade, School, Sport(s), Medicines and Allergies, and Allergies (Medicines, Pollens, Food, Stinging Insects).

Explain "Yes" answers below. Circle questions you do not know the answer to.

Table with columns for GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, and BONE AND JOINT QUESTIONS. Includes questions 1-25.

Table with columns for MEDICAL QUESTIONS and FEMALE ONLY. Includes questions 26-54.

Explain "Yes" answers here:

Signature lines for Athlete, Parent(s) or Guardian, and Date.