

**JOHNSON CITY SCHOOL DISTRICT
Preparticipation Physical Evaluation**

5421-E.1

History

Date of Exam _____

Name: _____	Sex _____	Age _____	Date of Birth _____
Grade: _____ School _____		Sport(s) _____	
Address: _____			Phone _____
Personal Physician _____			
<i>*In case of emergency, contact*</i>			
Name: _____	Relationship _____	Phone(H) _____	(W) _____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

- | | |
|---|--|
| <p>1. Have you had a medical illness or injury since your last check up or sports physical? _____</p> <p>2. Have you ever been hospitalized overnight? _____</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? _____</p> <p>4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? _____</p> <p>5. Have you ever passed out during or after exercise? _____</p> <p>6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? _____</p> <p>7. Have you ever had a head injury or concussion? _____</p> <p>8. Have you ever become ill from exercising in the heat? _____</p> <p>9. Do you cough, wheeze, or have trouble breathing during or after activity? _____</p> | <p>10. Do you have seasonal allergies that require medical treatment? _____</p> <p>11. Have you had any problems with your eyes or vision? _____</p> <p>12. Have you ever had a sprain, strain, or swelling after injury? _____</p> <p>13. Do you want to weight more or less than you do now? _____</p> <p>14. Do you feel stressed out? _____</p> <p>15. Record the dates of your most recent immunization (shots) for:</p> <p>Tetanus _____ Measles _____</p> <p>Hepatitis B _____ Chickenpox _____</p> <p>FEMALES ONLY:</p> <p>When was your first menstrual period? _____</p> <p>When was your most recent menstrual period? _____</p> <p>How much time do you usually have from the start of one period to the start of another? _____</p> <p>How many periods have you had in the last year? _____</p> <p>What was the longest time between periods in the last year? _____</p> <p>Explain "Yes" answers here: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|--|

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

