KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT
PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: ________________________________ Birth Date: __________ Exam Date: _________ Grade: (**2018-2019**) ☐

Address: ____ City: _______________________ Zip: _______________

Primary Phone: _________________________ Sport: ___________________________

EXAMINER'S NOTE: ☐ This examination is for participation at the **middle school level** (grades 7 - 8).

☐ This examination is for participation at the **senior high level** (grades 9 - 12).

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.
Physician: Please review with the athlete details of any positive answers.

HISTORY

	Yes	No	
1. a.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
b.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
c.	☐	☐	Do you have any chronic or recurrent illness?
d.	☐	☐	Have you ever had any illness lasting more than a week?
e.	☐	☐	Have you ever been hospitalized overnight?
f.	☐	☐	Have you had any surgery other than tonsillectomy?
g.	☐	☐	Have you ever had any injuries requiring treatment by a physician?
h.	☐	☐	Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2.	☐	☐	Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3.	☐	☐	Do you have ANY allergies (medicines, bees, foods, or other factors)?
4. a.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
b.	☐	☐	Do you tire more easily or quickly than your friends during exercise?
c.	☐	☐	Have you ever had any problem with your blood pressure or your heart?
d.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5.	☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
6. a.	☐	☐	Have you ever had fainting, convulsions, seizures or severe dizziness?
b.	☐	☐	Do you have frequent severe headaches?
c.	☐	☐	Have you ever had a "stinger" or "burner" or "pinched nerve"?
d.	☐	☐	Have you ever been "knocked out" or "passed out"?
e.	☐	☐	Have you ever had a neck injury, head injury or concussion?
7.	☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
8.	☐	☐	Have you had asthma, trouble breathing, or a cough during or after exercise?
9. a.	☐	☐	Do you wear eyeglasses, contact lenses or protective eyewear?
b.	☐	☐	Have you had any problem with your eyes or vision?
10.	☐	☐	Do you wear any dental appliance such as braces, bridge, plate, or retainer?
11.a.	☐	☐	Have you ever had a knee injury?
b.	☐	☐	Have you ever had an ankle injury?
c.	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
d.	☐	☐	Have you ever had a broken bone (fracture)?
e.	☐	☐	Have you ever had a cast, splint, or had to use crutches?
f.	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12.	☐	☐	Has it been more than 5 years since your last tetanus booster shot?
13.	☐	☐	Are you worried about your weight?
14.	☐	☐	FEMALES: Have you had any menstrual problems?
15.	☐	☐	Have you had any medical concerns about participating in your sport?

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

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KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT

STUDENT NAME: ____ **EXPIRATION DATE:** ☐
(SCHOOL USE ONLY)

PHYSICAL EXAMINATION

Age: ____________ Weight: ____________ Pulse: ____________ Blood Pressure:____________

Height: ___________ Visual Acuity: Left 20/______
Right 20/______

Normal			Abnormal	
☐	1.	Head	☐	____________________
☐	2.	Eyes (pupils), ENT	☐	____________________
☐	3.	Teeth	☐	____________________
☐	4.	Chest	☐	____________________
☐	5.	Lungs	☐	____________________
☐	6.	Heart	☐	____________________
☐	7.	Abdomen	☐	____________________
☐	8.	Genitalia	☐	____________________
☐	9.	Neurologic	☐	____________________
☐	10.	Skin	☐	____________________
☐	11.	Physical Maturity	☐	____________________
☐	12.	Spine, Back	☐	____________________
☐	13.	Shoulders, Upper extremities	☐	____________________
☐	14.	Lower extremities	☐	____________________

PLEASE NOTE: THIS EXAMINATION IS FOR A PERIOD OF 24 MONTHS PER WIAA REGULATION, UNLESS OTHERWISE INDICATED. A NEW PHYSICAL EXAMINATION IS REQUIRED PRIOR TO INITIAL PARTICIPATION AT BOTH THE MIDDLE SCHOOL LEVEL (GRADES 7 – 8) AND SENIOR HIGH LEVEL (GRADES 9 – 12).

Assessment:
- ☐ Full participation at the **senior high level** (grades 9 - 12).
- ☐ Full participation at the **middle school level** (grades 7 - 8).
- ☐ Limited participation (describe limitations, restrictions):

To be eligible to participate, an examiner must check one of these boxes.

____

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☐ Participation contraindicated (list reasons):

____

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Recommendations (equipment, taping, rehabilitation, etc.):

____

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EXAMINER'S SIGNATURE: _________________________ DATE: __________________________

PRINT EXAMINER'S NAME: __________________________ EXAMINER'S PHONE NUMBER: (_____)_______________________