

*Skaneateles Central School District  
Skaneateles, New York 13152*

**PREPARTICIPATION PHYSICAL EVALUATION  
MEDICAL HISTORY**

Parents/Guardians: Answer the questions below as truthfully as possible. It is important to have all pertinent information. **Sign and return to the school.**

Name of Student \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Emergency Contact and Phone \_\_\_\_\_  
 Physician and phone \_\_\_\_\_  
 Medications \_\_\_\_\_ Allergies \_\_\_\_\_

CHECK the sports you play:			
<input type="checkbox"/> Hockey	<input type="checkbox"/> Baseball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Football
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Cross-Country	<input type="checkbox"/> Track	<input type="checkbox"/> Basketball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Other _____

- |  | NO  | YES |  |
|--|-----|-----|--|
| 1. Have you ever passed out or felt dizzy during exercise?   | ___ | ___ |  |
| 2. Has anyone in your family died suddenly before the age of 50?                                     | ___ | ___ |  |
| 3. Are you allergic to bees?   | ___ | ___ | <input type="checkbox"/> Epipen <input type="checkbox"/> Benadryl                |
| 4. Do you have asthma?   | ___ | ___ | <input type="checkbox"/> Inhaler    Explain: _____                               |
| 5. Do you have Allergies?  | ___ | ___ | <input type="checkbox"/> Epipen <input type="checkbox"/> Other    Explain: _____ |
| 6. Have you ever broken a bone or injured a joint?   | ___ | ___ |  |
| 7. Do you have a chronic illness or medical condition or see a doctor often?                         | ___ | ___ |  |
| 8. Do you have only one of any usually paired organs (kidney, eye, etc.)?                            | ___ | ___ |  |
| 9. Do you have or have you had any condition which might interfere with your ability to play sports? | ___ | ___ |  |
| 10. Are you taking any nutritional supplements?  | ___ | ___ |  |

-For your safety and well-being the coach and trainer need to know what they are; please, list them:

**For women only:**  
 How old were you when you had your first period? \_\_\_\_\_  
 Are your periods regular? Yes No Explain: \_\_\_\_\_

I have reviewed the above questions with my son or daughter and I give my permission for him/her to undergo the Pre-participation Physical Evaluation/Examination and to participate in sports. I understand that this information will be shared with my son or daughter's coach and trainer for medical reasons. I authorize emergency treatment for my son or daughter if I am unable to be reached in an emergency.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

### PHYSICAL EXAMINATION

Physician: Please fill out and sign at the time of examination

Height: \_\_\_\_\_ Vision [R] 20/ \_\_\_\_\_

Weight: \_\_\_\_\_ [L] 20/ \_\_\_\_\_

BMI Index \_\_\_\_\_ Weight Status Category \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ [B] 20/ \_\_\_\_\_  
Corrected? Yes No

BP Reference Range: Vision Reference Range:  
age 10-12 less than 125/80 Is vision corrected to  
age 13-15 less than 135/85 better than 20/50 with  
age 16-18 less than 140/90 both eyes? Yes No

Urine: \_\_\_\_\_ Last Tetanus Booster: \_\_\_\_\_

Cardiopulmonary Examination		Normal	Abnormal	Explain
Lungs	_____	_____	_____	
Pulses	_____	_____	_____	
Heart	_____	_____	_____	
Musculoskeletal Examination				
Neck	_____	_____	_____	
Shoulder	_____	_____	_____	
Elbow	_____	_____	_____	
Wrist	_____	_____	_____	
Hand	_____	_____	_____	
Back	_____	_____	_____	
Knee	_____	_____	_____	
Ankle	_____	_____	_____	
Foot	_____	_____	_____	
Other (Physical Examination pertinent to historical information)				

### Recommendation

- \_\_\_\_\_ Pass
- \_\_\_\_\_ Pass with restrictions \_\_\_\_\_
- \_\_\_\_\_ Deferred until: \_\_\_\_\_
- \_\_\_\_\_ Failed; Reason: \_\_\_\_\_
- \_\_\_\_\_ Needs to carry \_\_\_\_\_ epipen \_\_\_\_\_ inhaler

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_