



High School Pre-Participation Physical Exam 2020-21

Name: _____ Sex: _____ Birth date: _____ Age: _____

Incoming Grade (Circle one): 9 10 11 12

To be completed by participant (must be completed each year):

Head Injury / Concussion? Yes No Allergies / Skin Problems? Yes No
Bone / Joint Disorder? Yes No Allergic to bee stings? Yes No
Broken Bones / Fractures? Yes No Epi-Pen Needed? Yes No
Dislocations? Yes No Stinger / Burner? Yes No
Eye or Ear Problems? Yes No Heat or Muscle Cramps? Yes No
Fainting or Convulsions? Yes No Heat Exhaustion or Stroke? Yes No
High or Low Blood Pressure? Yes No Mental Illness? Yes No
Anemia, Leukemia or Bleeding Disorder? Yes No Surgery? Yes No
Diabetes? Yes No Please Explain: _____
Insulin Needed? Yes No _____
Ulcers, colitis, or other stomach problems? Yes No Other Illness? _____
Kidney or bladder problems? Yes No _____
Hernia? Yes No Tetanus Booster Date: _____

Have you had any new injuries since your last physical? (Please explain)

Are you currently taking any medications? (Please name any medications and their purpose)

Are you allergic to any medications, insect stings, etc? (Please explain)

To be completed by a physician:

Height: _____ Weight: _____ Blood Pressure: _____/_____/_____ Pulse: _____
Vision: R 20/_____ L 20/_____ Vision Corrected: N/A R 20/_____ L 20/_____
Heart Normal Abnormal Cleared For Sport Participation? Yes No
Lungs Normal Abnormal Limitations: _____
Skin Normal Abnormal _____
Abdomen Normal Abnormal _____
Genitalia Normal Abnormal _____
Neurologic Normal Abnormal Further Evaluation Required: _____
Musculoskeletal Normal Abnormal _____
Neck Normal Abnormal _____
Shoulder Normal Abnormal _____
Elbow Normal Abnormal _____
Wrist / Hand Normal Abnormal Physician Signature: _____
Back Normal Abnormal Physician Name: _____
Knee Normal Abnormal Physician ID #: _____
Ankle / Foot Normal Abnormal Date: _____