

Signature of Student:

### Florida High School Athletic Association

#### Revised 03/16

## Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

	Student Information (to be complete				_			
	me:							
100l:		Grade	e in School	Spor	t(s):			
me Addre	ss:						Home Phone	e: ()
me of Par	ent/Guardian:				E-mail: _			
	ntact in Case of Emergency:							
	to Student: Home Phor						Call Di	hono: (
onal/Far	nily Physician:		City/Sta	e:			_ Office Pho	ne: () .
4.0 %	W. P. LITT.							
rt 2. N	Medical History (to be completed by stud		). Explaii	"yes" ansv	wers below.	Circle o	questions yo	ou don't kno
Harra ria		Yes No	26 Have		ama ill fram	awaraiain	a in the beet	.9
	o or sports physical?						g in the heat reathing duri	
-	have an ongoing chronic illness?		activi		ceze oi nave	Houble 0	readining duri	ing of after
-	u arran haan haanitaliaad arranniaht?			u have asthr	na?			
-	u ever had surgery?					that requi	ire medical ti	reatment?
	currently taking any prescription or non-				-		rective equip	
orescrip	tion (over-the-counter) medications or pills or		media	al devices th	at aren't usu	ally used	for your spor	rt or position
using an	inhaler?						oll, foot ortho	otics, shunt,
	u ever taken any supplements or vitamins to				eth or hearin	_		
	gain or lose weight or improve your						yes or vision	
perform				_			ive eyewear?	
	have any allergies (for example, pollen, latex, _e, food or stinging insects)?						elling after in	
	u ever had a rash or hives develop during or							d any joints?
after exe				you had any		ms with p	ain or swelli	ng in muscles
	u ever passed out during or after exercise?				priate blank	and ovnl	ain halow:	
	u over been dizzu during er efter evereise?			ead			Hip	
	u ever had chest pain during or after exercise?		,	eck	Forea	ırm –	Thigh	
	get tired more quickly than your friends do		— ·	eck ack	Wrist	_	Knee	
	xercise?			hest	Hand	_	Shin/Cal	f
	u ever had racing of your heart or skipped			houlder	Finge	er –	Ankle	
heartbea			t	pper Arm	Foot	_		
	u had high blood pressure or high cholesterol?		36. Do yo	u want to we	eigh more or	less than	you do now?	?
	u ever been told you have a heart murmur?		37. Do yo	u lose weigh	nt regularly to	meet we	ight requiren	nents for your
	family member or relative died of heart s or sudden death before age 50?		sport					
	u had a cavara viral infaction (for avample		-	u feel stress				
	litis or mononucleosis) within the last month?			-	-		le cell anemi	
-	sysician ever denied or restricted your			-	_		ng the sickle	
	tion in sports for any heart problems?						munizations (	
	have any current skin problems (for example,		Henn	us: itus B:		Chickenn	OOX:	
	ashes, acne, warts, fungus, blisters or pressure sores)?		Пера	itus D		Спіскспр		
	u ever had a head injury or concussion?		FEMALE	S ONLY (op	tional)			
	u ever been knocked out, become unconscious					period?		
	our memory? u ever had a seizure?		43. When	was vour m	ost recent me	enstrual pe	eriod?	
	have frequent or severe headaches?							f one period to
	u ever had numbness or tingling in your arms,			art of another				1
	egs or feet?		45. How	many periods	s have you ha	ad in the l	ast year?	
	ever had a stinger, burner or pinched nerve?		46. What	was the long	est time betw	een period	ds in the last y	year?
-								
	answers here:							

Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Signature of Parent/Guardian: \_\_\_



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Student's Name:									Date of Birth:	///
Height:	Weigh		% Body Fat (	(optional):	:		Pulse:	Blood Pressure:		
Temperature:										
Visual Acuity: Right	20/	Left 20/	Corrected	: Yes	No	Pupils:	Equal	Unequal		
FINDINGS		NORMAL				ABNOI	RMAL FINI	DINGS		INITIALS*
MEDICAL										
1. Appearance										
2. Eyes/Ears/No	se/Throat									
3. Lymph Nodes	3									
4. Heart										
5. Pulses										
6. Lungs										
7. Abdomen										
8. Genitalia (ma	les only)									
9. Skin	3,									
MUSCULOSKELETA	AL.									
10. Neck										
11. Back										
12. Shoulder/Arm										
13. Elbow/Forear										
	m									
14. Wrist/Hand										
15. Hip/Thigh										
16. Knee										
17. Leg/Ankle										
18. Foot										
* – station-based exan	nination or	nly								
ASSESSMENT OF F	YAMINI	NG PHVSICIA	N/PHVSICIA!	TZIZZA D	'A NT/N	IIIRSE P	RACTITIO	NFR		
								direct supervision with the	e following conclus	ion(s):
Cleared without		auton notea uoo	ve was periorine	<i>a</i> 0 <i>y</i> 111 <i>y</i> 50	on or un	111411146	ur uriuer irij	union super vision with the	e rono wing concius	1011(0):
Disability:						Diagno	eie.			
Disability						_ Diagno	313.			
Dragoutions										
Precautions										
N 1 10										
Not cleared for:								Reason:		
Referred to								For:		
Recommendations:										
Name of Physician/Ph	ysician As	sistant/Nurse Pr	actitioner (print)	):					Date:	_//
Address:										





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# Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name:		
ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applic	able)	
I hereby certify that the examination(s) for which referred was/were perfe	ormed by myself or an individual under my direct super	rvision with the following conclusion(s)
Cleared without limitation		
Disability:	Diagnosis:	
Precautions:		
Not cleared for:		
Cleared after completing evaluation/rehabilitation for:		
Recommendations:		
Name of Physician (print):		
Address:		
Signature of Physician:		
~-B		

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.