Student Health Services
112 College Road
Loch Sheldrake, NY 12759
845-434-5750 ext. 4247
Fax: 845-434-3628

Team:_____

PRE-PARTICIPATION PHYSICAL EVALUATION

Name:_____ Phone:_____

Address:_____ City:_____ State:_____

Sex:___ Age:_____ Date of Birth:_____ Personal Physician:_____

Pervious school attended & dates:_____

Explain "Yes" answers below:	Yes	No
1. Have you ever been hospitalized?	□	□
Have you ever had surgery?	□	□
Are you presently under a doctor's care?	□	□
2. Are you presently taking any medications?	□	□
3. Do you have any allergies (medicine, bees, etc)?	□	□
4. Have you ever passed out during or after exercise?	□	□
Have you ever been dizzy during or after exercise?	□	□
Have you ever had chest pain during or after exercise?	□	□
Have you ever had high blood pressure?	□	□
Have you ever been told that you have a heart murmur?	□	□
Have you ever had racing of your heart or skipped heartbeats?	□	□
Has anyone in your family died of heart problems or a sudden death before age 50?	□	□
Has anyone in your family had Marfan's syndrome?	□	□
5. Do you have any skin problems (itching, rashes, acne)?	□	□
6. Have you ever had a head injury?	□	□
Have you ever been knocked out or unconscious?	□	□
Have you ever had a seizure or epilepsy?	□	□
Have you ever had a stinger, burner or pinched nerve?	□	□
7. Have you ever had heat cramps, heat illness or muscle cramps?	□	□
8. Do you have trouble breathing or do you cough during or after activity?	□	□
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)?	□	□
10. Have you had any problems with your eyes or vision?	□	□
Do you wear glasses, contacts or protective eye wear?	□	□
11. Are you missing an eye, kidney or testicle?	□	□
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bone/joints?		
□ Head □ Shoulder □ Thigh □ Neck □ Elbow □ Knee □ Foot		
□ Forearm □ Shin/Calf □ Back □ Wrist □ Ankle □ Hip □ Hand		
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc)?	□	□
14. Have you had a medical problem or injury since your last evaluation?	□	□
15. When was your last tetanus shot?	□	□
16. When was your first & last menstrual period?	□	□
What was the longest time between your periods last year?	□	□

Explain "YES" answers below:

_____

_____

_____

_____

_____

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

Date:_____ Signature of athlete:_____

Revised 1/4/08