

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

Name _____ Male ___ Female ___ Date of Birth _____ Grade _____
 Home Address _____ Phone # _____
 Parent's/Guardian's Name _____ Date _____
 Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. *A parent or guardian is required to sign on the back of this form after the physical examination is completed.*)

- | | Yes | No | Has this student had any? | | Yes | No | Has this student had any? |
|-----|-------|-------|---|-----|-------|-------|--|
| 1. | _____ | _____ | Chronic or recurrent illness or injury? | 15. | _____ | _____ | Asthma? |
| 2. | _____ | _____ | Any illness lasting more than one (1) week? | 16. | _____ | _____ | Epilepsy or other seizures? |
| 3. | _____ | _____ | Rheumatic fever, mononucleosis? | 17. | _____ | _____ | Diabetes? |
| 4. | _____ | _____ | Hospitalizations (Overnight or longer)? | 18. | _____ | _____ | Eyeglasses or contact lenses? |
| 5. | _____ | _____ | Surgery, other than tonsillectomy? | 19. | _____ | _____ | Dental braces, bridges, plates? |
| 6. | _____ | _____ | Missing organs (eye, kidney, testicle)? | | | | |
| 7. | _____ | _____ | Allergy to medications, insects, food? | | | | |
| 8. | _____ | _____ | Seasonal allergies (hay fever)? | | | | |
| 9. | _____ | _____ | Problems with heart, blood pressure, cholesterol? | 20. | _____ | _____ | Injuries requiring medical treatment? |
| 10. | _____ | _____ | Racing of your heart or skipped heart beats? | 21. | _____ | _____ | Neck injury? |
| 11. | _____ | _____ | Chest pain with exercise? | 22. | _____ | _____ | Knee injury? |
| 12. | _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | 23. | _____ | _____ | Knee surgery? |
| 13. | _____ | _____ | Dizziness or fainting with exercise? | 24. | _____ | _____ | Ankle injury? |
| 14. | _____ | _____ | Concussion, unconsciousness, extremity numbness? | 25. | _____ | _____ | Broken bones (fractures)? |
| 15. | _____ | _____ | Heat exhaustion, heat stroke, or other heat related problems? | 26. | _____ | _____ | Other serious joint injuries? |
| | | | | 27. | _____ | _____ | Use of protective equipment or braces? |

- Further History:**
28. Yes _____ No _____ Is there a history of family or genetic disease?
 29. Yes _____ No _____ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
 30. Yes _____ No _____ Has any family member had a heart attack at less than 55 years of age?
 31. Yes _____ No _____ Are you uncomfortably short of breath after running 1/2 mile (2 times around a track) without stopping?
 32. Yes _____ No _____ List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:
 A. _____
 B. _____
 C. _____
33. What is the most and least you have weighed in the past year? Most _____ Least _____
 Date of last known tetanus (lockjaw) shot: _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
 2. In the past year, what is the longest time you have gone between menstrual periods? _____

Use this space to explain any of the above numbered YES answers or to provide additional information:
