

KELSEYVILLE YOUTH FOOTBALL PRE-PARTICIPATION MEDICAL EVALUATION FORM

Personal History

Name	Sex	Age	Date of Birth	Grade
Sports Participating			School	
Personal Physician		Physician Phone Number		

Have you ever had a pre-participation physical before? Yes No, If yes when/where _____

Please explain "Yes" answers below.

	Yes	No
1. Have you ever been hospitalized?.....	_____	_____
Have you ever had surgery?.....	_____	_____
2. Are you presently taking any medications or pills?.....	_____	_____
3. Have you ever passed out during exercise?.....	_____	_____
Have you ever been dizzy during or after exercise?.....	_____	_____
Have you ever had chest pain during exercise?.....	_____	_____
Do you tire more quickly than your friends during exercise?.....	_____	_____
4. Have you ever had high blood pressure?.....	_____	_____
Have you ever been told that you have a heart murmur?.....	_____	_____
Has anyone in your family died of heart problems or sudden death before the age of 50?	_____	_____
5. Do you have any skin problems (itching, rashes, acne)?.....	_____	_____
6. Have you ever had a head injury?.....	_____	_____
Have you ever been knocked unconscious?.....	_____	_____
Have you ever had a seizure?.....	_____	_____
Have you ever had a stinger, burner, or pinched nerve?.....	_____	_____
Have you ever had heat or muscle cramps?.....	_____	_____
Have you ever been dizzy or passed out in the heat?.....	_____	_____
7. Do you have trouble breathing or do you cough during or after activities?.....	_____	_____
8. Do you use any special equipment (pads, braces, neck role, eye guard)?.....	_____	_____
9. Have you had any problems with your eyes or vision?.....	_____	_____
Do you wear glasses or contacts or protective eye wear?.....	_____	_____
10. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints?		
_____ Head _____ Shoulder _____ Thigh _____ Neck _____ Elbow _____ Knee		
_____ Chest _____ Forearm _____ Shin/Calf _____ Foot _____ Back _____ Wrist		
_____ Ankle _____ Hip _____ Hand		
11. Have you ever had any other medical problem (mononucleosis, diabetes)?	_____	_____
12. Have you ever had a medical problem since your last evaluation?	_____	_____
13. When was your last tetanus shot? _____		
14. When was your last measles shot? _____		

Please explain "yes" answers here:

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

Signature of Athlete

Signature of Parent/Guardian

Date

Height _____ Weight _____ B/P _____ / _____ Pulse _____

Vision R 20/____ L 20/____ Corrected? Yes / No Pupils _____

	Normal	Abnormal Findings
Ears / Nose / Throat	_____	_____
Heart	_____	_____
Chest / Lungs	_____	_____
Skin / Lymphatic	_____	_____
Abdominal	_____	_____
Genitalia / Hernia	_____	_____

Musculoskeletal Examination

Examiner: _____

	Normal	Abnormal Findings
Neck / Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Flexibility	_____	_____

Official Recommendation

- A. This athlete may compete in athletics based on the data gathered from this exam. YES / NO
- B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommended further consultation with _____

Signature of Physician: _____ Date: _____