

TMA/TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM

Personal History

| | | | |
|--------|----------|-----|-----|
| Name | Sex | Age | DOB |
| Grade | Sport(s) | | |
| School | | | |

| | | |
|--------------------|---------|-----------|
| Personal Physician | Address | Telephone |
|--------------------|---------|-----------|

Have you every had a preparticipation 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. Do you have allergies (medicine, bees or other stinging insects)? | _____ | _____ |
| 4. Have you every 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? 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 a 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, burnner or pinched nerve? | _____ | _____ |
| 7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat? | _____ | _____ |
| 8. Do you have trouble breathing or do you cough during or after activities? | _____ | _____ |
| 9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)? | _____ | _____ |
| 10. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear? | _____ | _____ |
| 11. 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 | _____ | _____ |
| 12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)? | _____ | _____ |
| 13. Have you ever had a medical problem since your last evaluation? | _____ | _____ |
| 14. When was your last tetanus shot? _____ When was your last measles shot? _____ | | |
| 15. When was your first menstrual period? _____ When was your last menstrual period? _____ When was the longest time between your periods last year? _____ | | |

Please explain "yes" answers here:

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

| | | |
|----------------------|------------------------------|------|
| Signature of Athlete | Signature of Parent/Guardian | Date |
| Signature of Coach | School | |

General Physical Education

Examiner: _____

Height _____ Weight _____ BP _____ / _____ 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 | _____ | _____ |

Optional Lab

Urine Sugar _____

Urine Protein _____

Urine Hematest _____

Official Recommendation

A. This athlete _____ may _____ may not compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommend further consultation with _____

Signature of Physician: _____ Date: _____