Preparticipation Sports Evaluation

Athletes Name: _____

Date of Birth: _____ Sex: □ Male □ Female

School: _____ Grade: _____

Sports: _____

Allergies:_____ Family Physician: _____

Medication List:_____

_____

Patient Health History		
1. Chronic illness?	□ Yes	□ No
2. Hospitalization?	□ Yes	□ No
3. Surgery?	□ Yes	□ No
4. Injury?	□ Yes	□ No
5. Bone/joint injuries?	□ Yes	□ No
6. Missing organ(s)/eye?	□ Yes	□ No
7. Ever passed out while exercising?	□ Yes	□ No
8. Knocked out/concussion?	□ Yes	□ No
9. Wear glasses/contacts?	□ Yes	□ No
10. Hearing problems?	□ Yes	□ No
11. False teeth/braces?	□ Yes	□ No
12. High blood pressure?	□ Yes	□ No
13. Heart problems/murmurs?	□ Yes	□ No
14. Asthma?	□ Yes	□ No
15. Hernia?	□ Yes	□ No
16. Recurrent skin disease?	□ Yes	□ No
17. Family history of:		
heart disease/ congenital heart problems?	□ Yes	□ No
unexpected death at age <30 ?	□ Yes	□ No
18. Immunizations up to date?	□ Yes	□ No
FOR WOMEN ONLY		
19. Age of first menses	_____	
20. Are periods regular?	□ Yes	□ No

Please explain all Yes answers above:

The above is correct and current to the best of my knowledge.

Athletes signature Date

Parent or guardian signature* Date

* Parent or guardain if less than 18 years of age

FOR CLINIC USE ONLY

	Satisfactory YES	Satisfactory NO	Satisfactory NE	Comments
Ht: _____ inches				
Wt: _____ lbs				
BP: _____/_____				
General				
Head				
Eyes: Both _____				
Rt _____				
Lt _____				
ENT				
Dental				
Chest				
Heart				
Abdomen				
Genitalia				
Skin				
Ortho				
Flex/Strength				

Sports participation approved? □ **YES** □ **NO** □ **RESTRICTED**

Follow up recommendation/restrictions:

□ Counciling on healthy lifetstyle behaviors, drug, alcohol, sex, safety, eating disorders risks and self testicular exams for males.

X

Physician Signature Date

□ Mike Romeo MD □ Chris Hawley MD □ Lisa Romeo MD

□ Sam Romeo MD □ Ken Honsik MD □ Jen Houston MD

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