KENNEWICK & FINLEY SCHOOL DISTRICTS

Preparticipation Sports Physical Evaluation

YOUR HEALTH HISTORY

TODAY'S DATE _____

NAME _____ MALE ____ FEMALE ____

ADDRESS _____ CITY _____ ZIP _____

PHONE (509) _____ DATE OF BIRTH _____ YOUR AGE (TODAY) _____

GRADE (IN THE FALL) _____ SCHOOL (IN THE FALL) RIVERVIEW HIGH SCHOOL

SPORT(S) FALL _____ WINTER _____ SPRING _____

DO YOU HAVE A PERSONAL PHYSICIAN? _____ PHYSICIAN'S NAME _____

Explain "Yes" answers below:

		Yes	*No*
1.	Have you ever been hospitalized?	❑	❑
2.	Have you ever had surgery?	❑	❑
3.	Are you presently taking any medications or pills?	❑	❑
4.	Do you have any allergies (medicine, bees or other stinging insects)	❑	❑
5.	Have you ever passed out during or after exercise?	❑	❑
6.	Have you every been dizzy during or after exercise?	❑	❑
7.	Have you ever had chest pain during or after exercise?	❑	❑
8.	Do you tire more quickly than your friends during exercise?	❑	❑
9.	Have you ever had high blood pressure?	❑	❑
10.	Have you ever been told that you have a heart murmur?	❑	❑
11.	Have you ever had racing of your heart or skipped heartbeats?	❑	❑
12.	Has anyone in your family died of heart problems or a sudden death before age 50?	❑	❑
13.	Do you have any skin problems (itching, rashes, acne)?	❑	❑
14.	Have you ever had a head injury?	❑	❑
15.	Have you ever been knocked out or unconscious?	❑	❑
16.	Have you ever had a seizure?	❑	❑
17.	Have you ever had a stinger, burner or pinched nerve?	❑	❑
18.	Have you ever had heat or muscle cramps?	❑	❑
19.	Have you ever been dizzy or passed out in the heat?	❑	❑
20.	Do you have trouble breathing or do you cough during or after activity?	❑	❑
21.	Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	❑	❑
22.	Have you had any problems with your eyes or vision?	❑	❑
23.	Do you wear glasses or contacts or protective eye wear?	❑	❑
24.	Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	❑	❑
	❑ Head ❑ Shoulder ❑ Thigh ❑ Neck ❑ Elbow ❑ Knee ❑ Chest ❑ Forearm ❑ Shin/Calf ❑ Back ❑ Wrist ❑ Ankle ❑ Hip ❑ Hand ❑ Foot		
25.	Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	❑	❑
26.	Have you had a medical problem or injury since your last evaluation?	❑	❑

27. When was your last tetanus shot? _____
28. When was your last measles immunization? _____
29. When was your first menstrual period? _____
30. When was your last menstrual period? _____
31. What was the longest time between your periods last year? _____

EXPLAIN "YES" ANSWERS: _____

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

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Preparticipation Sports Physical Evaluation continued

PHYSICAL EXAMINATION

Height _____ Weight _____ BP _____ / _____ Pulse _____

		Normal	Abnormal findings	Initials
LIMITED	Cardiopulmonary			
	Pulses			
	Heart			
	Lungs			
	Skin			
COMPLETE	Abdominal			
	Musculoskeletal			
	Neck/Spine			
	Upper Extremities			
	Lower Extremities			

CLEARANCE: A. Cleared ☐

B. Not cleared for: ☐ Collision ☐ Contact ☐ Noncontact Strenuous _____ Moderately strenuous _____ Nonstrenuous _____

DUE TO: _____

RECOMMENDATION: _____

_____

_____

_____

NAME OF PHYSICIAN _____ DATE _____
(PLEASE PRINT)

SIGNATURE OF PHYSICIAN _____

ATHLETICS INSURANCE INFORMATION

While I expect school authorities to exert reasonable precaution to avoid injury, I understand that they assume no financial or moral obligation for accidents. I understand that my student cannot participate in boys/girls athletics unless he/she is covered by the school accident coverage plan or one with adequate minimum provisions. I accept full responsibility for the cost of treatment for any injury which he/she may suffer while taking part in the program.

INSURANCE WAIVER

I have insurance coverage with _____ Co. that provides adequate accident coverage, and will keep it in force throughout the sports year.

SCHOOL INSURANCE

If you do not have a family insurance policy, complete the following: I purchased school insurance for the above named athlete on _____ and paid a premium of $ _____.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____