



GRIDA Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be compl Student's Name:		•		,	Sev.	Age: Date of Birth:	,	,		
	Grade in School: Sport(s):									
Home Address:						Home Phone; ()				
Name of Parent/Guardian:				B	-mail:					
Person to Contact in Case of Emergency:	• ••	····								
Relationship to Student: Home P	hone: (.)		Work Phone: (_)	Cell Phone: ()	<u> </u>		
Personal/Family Physician:		 	c	ty/State:		Office Phone: ()				
Part 2. Medical History (to be completed by s	tudent	or pares	ot). E	xolain "ves" answers	below. Cir	ele auestions vou don't kno	w ansv	vers to.		
, (c		No	,			1 /		es No		
1. Have you had a medical illness or injury since your last			26.	Have you ever become	ill from exer	cising in the heat?				
check up or sports physical?			27.	Do you cough, wheeze	or have trou	ble breathing during or after				
2. Do you have an ongoing chronic illness?				activity?						
3. Have you ever been hospitalized overnight?				Do you have asthma?						
4. Have you ever had surgery?						require medical treatment?				
5. Are you currently taking any prescription or non-			30.			r corrective equipment or				
prescription (over-the-counter) medications or pills or using an inhaler?				(for example, knee brace	ce, special ne	used for your sport or position lock roll, foot orthotics, shunt,				
6. Have you ever taken any supplements or vitamins to				retainer on your teeth o	_	*				
help you gain or lose weight or improve your performance?				Have you had any prob						
7. Do you have any allergies (for example, pollen, latex,				Do you wear glasses, co Have you ever had a sp						
medicine, food or stinging insects)?				•		ones or dislocated any joints?	_			
 Have you ever had a rash or hives develop during or after exercise? 					r problems w	ith pain or swelling in muscles	3,			
9. Have you ever passed out during or after exercise?				If yes, check appropria		explain helow:				
0. Have you ever been dizzy during or after exercise?				Head	Elbow	-				
1. Have you ever had chest pain during or after exercise?					Forearm	, ,				
2. Do you get tired more quickly than your friends do				Back	Wrist	Shin/Calf				
during exercise?				Chest	Hand	Ankle				
3. Have you ever had racing of your heart or skipped				Shoulder	 Finger					
heartbeats?				Upper Arm	Foot					
4. Have you had high blood pressure or high cholesterol?		•	36.	Do you want to weigh r		than you do now?				
5. Have you ever been told you have a heart murmur?			37.	Do you lose weight reg	ularly to mee	et weight requirements for your				
6. Has any family member or relative died of heart				sport?						
problems or sudden death before age 50?			38.	Do you feel stressed ou	ıt?					
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?				Have you ever been dia						
Has a physician ever denied or restricted your				•	_	having the sickle cell trait?	_			
participation in sports for any heart problems?			41.	-		t immunizations (shots) for:				
19. Do you have any current skin problems (for example,				Tetanus:						
itching, rashes, acne, warts, fungus, blisters or pressure sores	3)?			Hepatitus B:	Chic	kenpox:				
20. Have you ever had a head injury or concussion?					_					
21. Have you ever been knocked out, become unconscious				MALES ONLY (options	•					
or lost your memory?						od?				
22. Have you ever had a seizure?				•		al period?				
23. Do you have frequent or severe headaches?			44.		i usually have	e from the start of one period to)			
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?			45.	the start of another? How many periods have	e you had in	the last year?				
S. Have you ever had a stinger, burner or pinched nerve?						eriods in the last year?				
Explain "Yes" answers here:		_				·				
any man 200 min riord more.										





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Preparticipation Physical Evaluation (Page 2 of 3)

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	's Name:		V D . 1 . E-t /	13.			Dulant	Blood Browner		
	weign						ruise;	Blood Pressure:	_/\	
	Acuity: Right 20/	Left 20/	Corrected:			Pupils:	Eoual	Unequal		
FINDI		NORMAL					RMAL FIN			INITIALS'
MEDIC	AL									
1.	Appearance									
2.	Eyes/Ears/Nose/Throat	<u></u>								
3,	Lymph Nodes									
4.	Heart								<u> </u>	
5.	Pulses									
6.	Lungs							- · · · · · · · · · · · · · · · · · · ·		
7.	Abdomen		,							
8.	Genitalia (males only)	,,,								
9.	Skin									
10.	Neurological	<u></u>								
11.	Psychiatric									
MUSC	JLOSKELETAL							,		
12.	Neck					*				
13.	Back	<u> </u>							.	
14.	Shoulder/Arm	*****								
15.	Elbow/Forearm									
16.	Wrist/Hand									
17.	Hip/Thigh									
18.	Knee									
19.	Leg/Ankle									
20.	Foot		,						<u> </u>	
* – stati	on-based examination o	only								
	SMENT OF EXAMIN									
-	•		was performed	by myse	elf or ar	individu	al under my	direct supervision with the	following conclusion	n(s):
	eared without limitation	n								
Di	sability:		···			_ Diagno	31S:			
Pr	ecautions:									
N	ot cleared for:									
CI	eared after completing	evaluation/rehabilita	tion for:							
Re	eferred to				ntai	ual N	lodicin	e &For:		
					inte:	inai ii	f Tame	a Bay —		
Recomi	nendations:			rec	มเ สม 40	1444.\	ileky Rly	d——		
	,							5		
NT	f Physician/Physician A									
Mame o			., ,							