

TAACS

Pre-Participation Medical Evaluation Form

Personal History

Name _____ Sex _____ Age _____ DOB _____

Grade _____ Sport _____ School _____

Personal Physician _____ Telephone _____

Address _____

1. Have you ever had a pre-participation physical before? Yes No
 Have you ever had surgery? Yes No
2. Are you presently taking any medications or pills? Yes No
3. Do you have allergies (medicine, bees or other stinging insects?) Yes No
4. Have you ever passed out during exercise? Yes No
 Have you ever been dizzy during or after exercise? Yes No
 Have you ever had chest pain during or after exercise? Yes No
 Do you tire more quickly than your friends during exercise? Yes No
 Have you ever had high blood pressure? Yes No
 Have you ever been told that you have a heart murmur? Yes No
 Have you ever had a racing of your heart or skipped heartbeats? Yes No
 Has anyone in your family died of heart problems or a sudden death before the age of 50? Yes No
5. Do you have any skin problems (itching, rashes, acne)? Yes No
6. Have you ever had a head injury? Yes No
 Have you ever been knocked unconscious? Yes No
 Have you ever had a seizure? Yes No
 Have you ever had a stinger, burn or pinched nerve? Yes No
7. Have you ever had heat or muscle cramps? Yes No
 Have you ever been dizzy or passed out in the heat? Yes No
8. Do you have trouble breathing or do you cough during or after activities? Yes No
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)? Yes No
10. Have you had any problems with your eyes or vision? Yes No
 Do you wear glasses or contacts or protective eye wear? Yes No
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/Hand Ankle Hip
12. Have you ever had any other medical problems (infectious mononucleosis, diabetes)? Yes No
13. Have you had a medical problem since your last evaluation? Yes No
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 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

Signature of Coach

School

Height _____ Weight _____ BP _____ / _____ Pulse _____

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

Ears, Nose, Throat _____

Heart _____

Chest/Lungs _____

Skin/Lymphatics _____

Abdominals _____

Genitalia/Hernia _____

Musculoskeletal Examination

Examiner _____

Normal

Abnormal Findings

Neck/Back _____

Upper Extremities _____

Lower Extremities _____

Flexibility _____

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 _____