



PREPARTICIPATION PHYSICAL EVALUATION 2016-2017

HISTORY FORM - Please be advised that this paper form is no longer the OHSAA standard.

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Date of Exam _____
Name _____ Date of birth _____
Sex _____ Age _____ Grade _____ School _____ Sport(s) _____
Address _____
Emergency Contact: _____ Relationship _____
Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking
Do you have any allergies? Yes No If yes, please identify specific allergy below.
Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS table with columns Yes, No and questions 1-4 regarding doctor participation, medical conditions, hospital stays, and surgery.

HEART HEALTH QUESTIONS ABOUT YOU table with columns Yes, No and questions 5-12 regarding exercise symptoms, heart problems, and family history.

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY table with columns Yes, No and questions 13-16 regarding family medical history.

BONE AND JOINT QUESTIONS table with columns Yes, No and questions 17-21 regarding injuries and fractures.

BONE AND JOINT QUESTIONS - CONTINUED table with columns Yes, No and questions 22-25 regarding braces, injuries, and arthritis.

MEDICAL QUESTIONS table with columns Yes, No and questions 26-51 covering a wide range of medical conditions and symptoms.

FEMALES ONLY table with questions 52-54 regarding menstrual health.

Explain "yes" answers here

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

Signature of Student _____ Signature of parent/guardian _____ Date: _____

The student has family insurance Yes No If yes, family insurance company name and policy number: _____