Pre-participation Physical Evaluation

IAW AFMAN 34-804.7.1: No child shall be eligible to participate in Maxwell/Gunter Youth Sports program unless there is on file in the Youth Activities office a physician's statement for the current year certifying that the child has passed an adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in youth sports.

Names (Child): _____
Date: _____
Parent's Signature: _____

Physical Examination

COMPLETED

LIMITED

Height _____ Weight _____ BP _____/_____ Pulse _____

Vision R 20/_____ L 20 _____ Corrected: Y N

Physical Examination

	Normal	Abnormal Findings
Cardiovascular		
Pulses		
Heart		
Lungs		
Skin		
E.N.T		
Abdominal		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Ankle		
Foot		
Other (Immunization)		

Clearance:

A. Cleared B Cleared after completing evaluation/rehabilitation for: _____

C. Not Cleared for: ☐ Collision ☐ Contact ☐ NonContact

_____ Strenuous _____ Moderately Strenuous _____ Nonstrenuous

Due to : _____

Recommendation: _____

Name of Physician _____ Phone: _____

Address _____

Physician's Signature: _____ Date: _____

History Date _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ Sport _____ _____ _____

Person Physician _____ _____ _____

Address Phone Number

Explain "Yes" answers below:	Yes	No
1. Have you ever been hospitalized?	☐	☐
Have you ever had surgery?	☐	☐
2. Are you presently taking any medications or pills?	☐	☐
3. Do you have any allergies (medicine, bees or other stinging insects?	☐	☐
4. Have you ever been past out during or after exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you tire more quickly than your friends during exercise?	☐	☐
Have you ever had high blood pressure?	☐	☐
Have you ever been told that your have a heart murmur?	☐	☐
Have you ever had racing of your heart or skipped heartbeat?	☐	☐
Has anyone in your family died of heart problems or a sudden death before age 50?	☐	☐
5. Do you have any skin problems (itching, rashes, acne)?	☐	☐
6. Have you ever had a head injury?	☐	☐
Have you ever been knocked out or unconscious?	☐	☐
Have you ever had a seizure?	☐	☐
Have you ever had a stinger, burner or pinched nerve?	☐	☐
7. Have you ever had heat or muscle cramps?	☐	☐
Have you ever been dizzy or passed out in the heat?	☐	☐
8. Do you have trouble breathing or do you cough during or after activity?	☐	☐
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc?	☐	☐
10. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses or contacts or protective eye wear?	☐	☐
11. 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		
12. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	☐	☐
13. Have you had a medical problem or injury since your last evaluation?	☐	☐
14. When was your last tetanus shot?	☐	☐
When was your last measles immunization?	☐	☐
15. When was your first menstrual period?	☐	☐
When was your last menstrual period?	☐	☐
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.

Date _____

Signature of athlete _____

Signature of parent/guardian _____