ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student' superintendent a certificate *signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic*, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Home Address _____ Phone # _____

Parent's/Guardian's Name _____ Date _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. *A parent or guardian is required to sign on the back of this form after the physical examination is completed.*

Yes	No	Has this student had any?
1. _____	_____	Chronic or recurrent illness or injury?
2. _____	_____	Any illness lasting more than one (1) week?
3. _____	_____	Rheumatic fever, mononucleosis?
4. _____	_____	Hospitalizations (Overnight or longer)?
5. _____	_____	Surgery, other than tonsillectomy?
6. _____	_____	Missing organs (eye, kidney, testicle)?
7. _____	_____	Allergy to medications, insects, food?
8. _____	_____	Seasonal allergies (hay fever)?
9. _____	_____	Problems with heart, blood pressure, cholesterol?
10. _____	_____	Racing of your heart or skipped heart beats?
11. _____	_____	Chest pain with exercise?
12. _____	_____	Frequent headaches, convulsions, dizziness, fainting?
13. _____	_____	Dizziness or fainting with exercise?
14. _____	_____	Concussion, unconsciousness, extremity numbness?
15. _____	_____	Heat exhaustion, heat stroke, or other heat related problems?

Yes	No	Has this student had any?
16. _____	_____	Asthma?
17. _____	_____	Epilepsy or other seizures?
18. _____	_____	Diabetes?
19. _____	_____	Eyeglasses or contact lenses?
20. _____	_____	Dental braces, bridges, plates?

Yes	No	Is there a history of?
21. _____	_____	Injuries requiring medical treatment?
22. _____	_____	Neck injury?
23. _____	_____	Knee injury?
24. _____	_____	Knee surgery?
25. _____	_____	Ankle injury?
26. _____	_____	Broken bones (fractures)?
27. _____	_____	Other serious joint injuries?
28. _____	_____	Use of protective equipment or braces?

Yes	No	*Further History:*
29. _____	_____	Is there a history of family or genetic disease?
30. _____	_____	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
31. _____	_____	Has any family member had a heart attack at less than 55 years of age?
32. _____	_____	Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping?
33. _____	_____	List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:

A. B. C.

34. What is the most and least you have weighed in the past year? Most _____ Least _____

35. Year of last known: Tetanus (lockjaw) shot:_____ Meningitis vaccination:_____ HBV vaccination:_____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____

Use this space to explain any of the above numbered YES answers or to provide additional information:

_____

_____

_____