Lake Washington School District



Pre-participation Physical Examination – Medical History Form

Name		Date of BIRTH Date of EXAM	
Gender: M F Age Grade Intended	Sport(s)		
Medications: Please list ALL prescription and over-the-count taking.	ter medicatio	ons, supplements (herbal and nutritional) and vitamins that you are cu	ırrently
		,	
Please indicate what allergies you have:			
□ None □ Pollens □ Stinging Insects (specify)		Foods (specify) Medications (specify)	
Explain all "YES" answers below. Circle questions that yo	u don't know	the answer to.	
) in a
GENERAL QUESTIONS Has a doctor ever denied or restricted your participation in sports for	YES NO	MEDICAL QUESTIONS 26. Do you cough, wheeze, or have difficulty breathing during or after	YES
any reason?		exercise?	
Do you have any ongoing medical conditions? If so, please specify		27. Have you ever used an inhaler or taken asthma medicine?	
below:		28. Is there anyone in your family who has asthma?	
□ Asthma □ Anemia □ Diabetes □ Infections		29. Were you born without (or are you now missing) a kidney, an eye, a	
Other: Have you ever spent a night in the hospital?	 	testicle, your spleen, or any other organ? 30. Do you have groin pain or a painful bulge or hernia in your groin area?	+-+
Have you ever had surgery?		31. Have you had infectious mononucleosis (mono) within the last two	
Have you had an injury or illness since your last physical exam?		months?	
Are you currently injured or ill, or recovering from a recent		32. Have you ever had a skin infection such as ringworm, MRSA, herpes,	
injury/illness?	VEO NO	impetigo, etc? 33. Have you ever had a head injury or a concussion?	
HEART HEALTH QUESTIONS ABOUT YOU 7. Have you passed out or nearly passed out DURING or AFTER exercise?	YES NO	34. Have you ever had a hit or blow to the head that caused confusion,	
Have you ever had discomfort, pain, tightness, or pressure in your chest		prolonged headache, or memory problems?	
during exercise?		35. Do you have a history of seizure disorder?	
Does your heart ever race or skip beats (irregular beats) during		36. Do you have headaches with exercise? 37. Have you ever had numbness or tingling in your arms or legs after being	
exercise? 10. Has a doctor ever told you that YOU have heart problem? If so, check		hit or falling?	
all that apply:		38. Have you ever been unable to move your arms or legs after being hit or	
□ High Blood Pressure □ A heart murmur		falling?	
□ High Cholesterol □ A heart infection		39. Have you ever become ill while exercising in the heat?	\vdash
Kawasaki Disease Other:		40. Do you get frequent muscle cramps when exercising? 41. Do you or someone in your family have sickle cell trait or disease?	
11. Has a doctor ever ordered a test for your heart, such as an ECG/EKG or		42. Have you had any problems with your eyes or vision?	
an echocardiogram? 10. Do you get lightheaded or feel more short of breath than expected		43. Have you had any eye injuries?	
during exercise?		44. Do you wear contact lenses or glasses?	
11. Have you ever had an unexplained seizure?		45. Do you wear protective eyewear, such as goggles or a face shield?	
12. Do you get more tired or short of breath more quickly than your friends		46. Do you worry about your weight? 47. Are you on a special diet or do you avoid certain types of foods?	\vdash
during exercise? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES NO	48. Are you trying to (or has someone recommended that you) lose weight	
13. Has any family member or relative died of heart problems or had an		or gain weight?	
unexpected or unexplained sudden death before age 50 (including		49. Have you ever had an eating disorder?	\vdash
drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan		50. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY	YES
syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT		51. Have you ever had a menstrual period?	120
syndrome, short QT syndrome, Brugada syndrome, or		52. How old were you when you had your first menstrual period?	
catecholaminergenic polymorphic ventricular tachycardia?		53. How many periods have you had in the last 12 months?	
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		Explain all "YES" answers here	
16. Has anyone in your family had unexplained fainting, unexplained		Explain an TES answers here	
seizures, or near drowning?			
BONE AND JOINT QUESTIONS	YES NO		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that			
caused you to miss a PE class, a practice, or a game? 18. Have you ever had any fractured or broken bones or dislocated joints?			
19. Have you ever had an injury that required x-rays, MRI, CT scan,			
injections, therapy, a brace, a cast, or crutches?	\downarrow		
20. Have you ever had a stress fracture?	 		
21. Have you ever been told you have (or had an x-ray for) for neck instability or atlantoaxis instability?			
22. Do you regularly use a brace, orthotics, or other assistive device?			
23. Do you have a bone, muscle, or joint injury that bothers you?			
24. Do any of your joints become painful, swollen, feel warm, or look red?	 		
25. Do you have a history of juvenile arthritis of connective tissue disease?			
Parents are responsible for coordinating with their	child's coa	ch if their child has a life threatening health condition wher	e
they may need emergency medication i.e. EpiPen o			-
mey may need emergency medication i.e. EpiPen o	ı ıımarer ül	anns any sporting events they are participating in.	
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I hereby state that, to the best of my knowledge, m	y answers t	to the above questions are complete and correct.	
No. 1 CALLED	0.4	- C	
Signature of Athlete	_ Signature	of parent/guardian Date	

Lake Washington School District



Pre-participation Physical Examination – Physician Evaluation Form

Name			Date of birth		
PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive issues • Do you feel stressed out or under a lot of pressure? • Do you feel safe at your home or residence? • During the past 30 days, did you use chewing tobacco, snuff, or direction. Have you ever taken anabolic steroids or used any other performations supplement?	 Have you ever taken any supplements to help you gain or lose weight or improve your performance? Do you ever feel sad, hopeless, depressed, or anxious? Have you ever tried cigarettes, chewing tobacco, snuff, or dip? Do you drink alcohol or use any other drugs? 				
EXAMINATION			_		
Height Weight		☐ Male ☐ Female			
BP / (/) Pulse	Visi	on R 20/	L 20/	Corrected DY	
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	NORMAL	ABNORMAL FIND	INGS		
Eyes/ears/nose/throat Pupils equal Hearing					
Lymph nodes Heart a • Murmurs (auscultation standing, supine, +/- Valsalva)					
Location of point of maximal impulse (PMI) Pulses					
Simultaneous femoral and radial pulses Lungs					
Abdomen					
Genitourinary (males only)b					
Skin HSV, lesions suggestive of MRSA, tinea corporis					
Neurologic c MUSCULOSKELETAL					
Neck					
Back					
Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh					
Knee					
Leg/ankle	+				
Foot/toes Functional • Duck-walk, single leg hop					
^a Consider ECG, echocardiogram, and referral to cardiology for abnormal ^b Consider GU exam if in private setting. Having third party present is reco ^c Consider cognitive evaluation or baseline neuropsychiatric testing if a hi	ommended.	ession.			
 □ Cleared for all sports without restriction □ Cleared for all sports without restriction with recommendations for furth □ Not cleared □ Pending further evaluation □ For any sports □ For certain sports 					
Reason					
Recommendations					
I have TODAY examined the above-named student and completed the pre- to practice and participate in the sport(s) as outlined above. A copy of the participation, the physician may rescind the clearance until the problem is parents/guardians).	physical exam is on reco	rd in my office. I	f conditions arise after th	e athlete has been cleared for	

Phone

_, MD or DO

Name of physician (print/type) _

Signature of physician _

Address _