

\_\_\_ Date: \_\_\_/ \_\_/ \_\_\_



Signature of Student:

### Florida High School Athletic Association

# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

chool Iome Iame erson elatio	: Address: of Farent/Guardian:		G1	ade in	Sex:Age:Date of Birth:/ _ School:Sport(s):	
Iome Iame erson elatio erson	Address:					
lame erson elatio erson	of Farent/Guardian:				Home Phone: ( )	
erson elatic					F-mail:	
elatio erson						
erson	to Contact in Case of Emergency:					
	Relationship to Student: Home Phone: (				Work Phone: ( ) Cell Phone: ( )	
art	al/Family Physician;			c	City/State: Office Phone: ()	
	2. Medical History (to be completed by st			ent). I	Explain "yes" answers below. Circle questions you don't know a	inswe Yes
ц.	eve you had a medical illness or injury since your last	Yes	No	26	Have you ever become ill from exercising in the heat?	
	eck up or sports physical?		1000000 x 555000	27.	Do you cough, wheeze or have trouble breathing during or after	1444444444
	you have an ongoing chronic illness?				activity?	
	ive you ever been hospitalized overnight?				Do you have asthma?	
Ha	ive you ever had surgery?			29.	Do you have seasonal allergies that require medical treatment?	
Ar	e you currently taking any prescription or non-			30.	Do you use any special protective or corrective equipment or	*************
•	escription (over-the-counter) medications or pills or				medical devices that aren't usually used for your sport or position	
	ng an inhaler?				(for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	
	we you ever taken any supplements or vitamins to	······	3440044050	31	Have you had any problems with your eyes or vision?	
	lp you gain or lose weight or improve your rformance?				Do you wear glasses, contacts or protective eyewear?	2000 CO. CO. CO.
•	you have any allergies (for example, pollen, latex,		COLON COMMON 1	33.		management.
	edicine, food or stinging insects)?	,	AND ADDRESS OF THE PARTY OF THE		Have you broken or fractured any bones or dislocated any joints?	
	ve you ever had a rash or hives develop during or		303000000000000000000000000000000000000		Have you had any other problems with pain or swelling in muscles,	
aft	er exercise?				tendons, bones or joints?	
Ha	ve you ever passed out during or after exercise?		positioners :		If yes, check appropriate blank and explain below:	
	ve you ever been dizzy during or after exercise?	.000000000000000	***********		Head Elbow Hip	
	ve you ever had chest pain during or after exercise?		AAAAAA		Neck Forearm Thigh	
	you get tired more quickly than your friends do		**********		Back Wrist Knee	
	ring exercise?				Chest Hand Shin/Calf	
	ve you ever had racing of your heart or skipped intbeats?		***************************************		Shoulder Finger Ankle	
	ve you had high blood pressure or high cholesterol?		00000000		Upper ArmFoot	
	ve you ever been told you have a heart murmur?				Do you want to weigh more or less than you do now?  Do you lose weight regularly to meet weight requirements for your	***********
	s any family member or relative died of heart			31.	sport?	Superposition.
	blems or sudden death before age 50?	=1		38	Do you feel stressed out?	
Ha	ve you had a severe viral infection (for example,		-30.00		Have you ever been diagnosed with sickle cell anemia?	207200000
my	ocarditis or mononucleosis) within the last month?				Have you ever been diagnosed with having the sickle cell trait?	
	s a physician ever denied or restricted your		-0000-000000000000000000000000000000000		Record the dates of your most recent immunizations (shots) for:	
	ticipation in sports for any heart problems?				Tetanus: Measles:	
	you have any current skin problems (for example, ing, rashes, aone, warts, fungus, blisters or pressure sores)				Hepatitus B: Chickenpox:	
	ting, rasiles, ache, wants, rangus, onsters of pressure sores, we you ever had a head injury or concussion?	1 .				
	ve you ever had a head highly of concussion?		NO. 7 VANDOS		MALES ONLY (optional)	
	ost your memory?	************	- concess material		When was your first menstrual period?	
	ve yeu ever had a seizure?	namma.	/		When was your most recent menstrual period?	
	you have frequent or severe headaches?			44.	How much time do you usually have from the start of one period to	
	ve you ever had numbness or tingling in your arms,		1118791778331	,-	the start of another?	
	ds, legs or feet?					
Hav	e you ever had a stinger, burner or pinched nerve?			4D.	What was the longest time between periods in the last year?	
olain						
***************************************					83.94	





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### Preparticipation Physical Evaluation (Page 2 of 3)

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Student's Name:	_		***************************************	- Communication of the Communi	······································		Date of Birth	:!
Height: Wei	ght:	% Body Fat (o	ptional):		Pulse:	Blood Pressure:	/(/	,/_
Temperature:								
Visual Acuity: Right 20/		Corrected:	Yes	No_	Pupils: Equal			
FINDINGS MEDICAL	NORMAL				ABNORMAL FIND	DINGS		INITI
1. Appearance								
12	966 (1974 house on 40000000 or	·////			***************************************			
2. Eyes/Ears/Nose/Thro		20 000 to 1000	******************			· · · · · · · · · · · · · · · · · · ·	V to V 11.50322	***************************************
3. Lymph Nodes	1 miles de la companya del companya de la companya del companya de la companya de	min filianianum aurannea			***************************************			
4. Heart	COCCOMMISSION COMMISSION AND ADMISSION AND A	Vi.A. ***********************************	***************************************	Newson, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995, 1995,		Andrew & Angeles and Control of Control	····	***************************************
5. Pulses								
6. Lungs			****************	*****************			***************************************	
7. Abdomen		3036eeeeeeeeeeeeeeeeeee	****************	700000000000000000		***************************************	***************************************	** 61* 4 0000 0000
8. Genitalia (males only)			aliana.	essandono mese				.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
9. Skin								
MUSCULOSKELETAL								
10. Neck	w. :	19790000 mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm		<i></i>				
11. Back		***************************************						
12. Shoulder/Arm		Manager search as a search as				- Control of the Cont		**************************************
13. Elbow/Forearm				W				een hooden oo aan
14. Wrist/Hand		***************************************	***************************************	***************************************				
15. Hip/Thigh			SC SC SEA MATTER TO THE SEA SEASON SE	e e e manda de la programa proporción.		en energen management management de la	mana amatan on transmission	
16. Knee			think the commence of the comm	************		***************************************	***************************************	, and the section of the control of
17. Leg/Ankle	***************************************	\$1000000000000000000000000000000000000		**************************************			······································	00-1975 (Markettern)
18. Foot					· · · · · · · · · · · · · · · · · · ·		87 A	/P177///// 1188888888888888888
- station-based examination o	nlv	··*		***************************************				
SSESSMENT OF EXAMIN								
nereby certify that each exami		vas performed b	y myself	or an i	ndividual under my di	irect supervision with the	following conclusi	on(s):
Cleared without limitation								
Disability:					Diagnosis:			***************************************
		······	******************************	***************************************			***************************************	
Precautions:		**************************************	***************************************				***************************************	
······································						Reason:	Manufacture of the second of t	
Not cleared for:								
Cleared after completing e	/aluation/rehabilitat	ion for:		***************************************		T		
Cleared after completing e	/aluation/rehabilitat	ion for:		••••••••••••••		For:		
Cleared after completing e	valuation/rehabilitat	ion for:				For:		





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ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)							
I hereby certify that the examination(s) for which referred was/were pe		l under my direct supervisio	n with the follo	wing co	onclusion(s)		
Cleared without limitation		•					
Disability:	Diagnosis:	The state of the s			***************************************		
Precautions:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Not cleared for:		Reason;					
Cleared after completing evaluation/rehabilitation for:					7-00-17 oc		
Recommendations:							
Name of Physician (print):			Date:	1	_/		
Address:	**************************************			V+0+0+2020000A000000	v		
Signature of Physician:							
Based on recommendations developed by the American Academy of Family Physi dic Society for Sports Medicine and American Octoperatic Academy for Sports M	icians, American Academy of Pediatrics,	, American Medical Society for	Sports Medicine, A	1merica	n Orthopae-		