

**Niagara Wheatfield Central School**  
**Pre-participation Physical Evaluation**

Phys Ed Teacher: \_\_\_\_\_

Period: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name (Last, First):** \_\_\_\_\_ **Sex:** \_\_\_\_ **Sport(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Grade in September:** \_\_\_\_\_

**Name of Primary MD:** \_\_\_\_\_ **MD Phone number:** \_\_\_\_\_

**Date of last physical with Primary MD:** \_\_\_\_\_ **Is your child seen yearly by their PMD?** \_\_\_\_\_

**History: Please circle (Y)es or (N)o and comment on all YES answers on backside of form**

- Y N 1. Has a doctor ever denied or restricted your participation in sports for any reason?
- Y N 2. Do you have an ongoing medical condition (i.e. diabetes or asthma)?
- Y N 3. Are you taking any prescription or non-prescription (over the counter) medicines or pills?
- Y N 4. Do you have allergies to medicines, pollens, foods, or stinging insects?
- Y N 5. Have you ever passed out or nearly passed out DURING exercise?
- Y N 6. Have you ever passed out or nearly passed out AFTER exercise?
- Y N 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?
- Y N 8. Does your heart race or skip beats during exercise?
- Y N 9. Has your doctor ever told you that you have high blood pressure, high cholesterol, a heart murmur, or a heart infection?
- Y N 10. Has a doctor ever ordered a test for your heart (i.e. ECG, echocardiogram)?
- Y N 11. Has anyone in your family ever died for no apparent reason?
- Y N 12. Does anyone in your family have a heart problem?
- Y N 13. Has any family member or relative died of heart problems or of sudden death before age 50?
- Y N 14. Does anyone on your family have Marfan syndrome?
- Y N 15. Have you ever spent the night in a hospital?
- Y N 16. Have you ever had surgery?
- Y N 17. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?
- Y N 18. Do you regularly use a brace or assistive device?
- Y N 19. Has a doctor ever told you that you have asthma or allergies?
- Y N 20. Do you cough, wheeze, or have difficulty breathing during or after exercise?
- Y N 21. Is there anyone in your family that has asthma?
- Y N 22. Have you ever used an inhaler or taken asthma medicine?
- Y N 23. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?
- Y N 24. Have you had infectious mononucleosis (mono) within the last month?
- Y N 25. Do you have rashes, pressure sores, or other skin problems?
- Y N 26. Have you had a herpes skin infection?
- Y N 27. Have you ever had a head injury or concussion? If Yes, how many? \_\_\_\_\_
- Y N 28. Have you been hit in the head and been confused or lost your memory?
- Y N 29. Have you ever had a seizure?
- Y N 30. Do you have headaches with exercise?
- Y N 31. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
- Y N 32. Have you ever been unable to move your arms or legs after being hit or falling?
- Y N 33. When exercising in the heat, do you have severe muscle cramps or become ill?
- Y N 34. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- Y N 35. Have you had any problems with your eyes or vision?
- Y N 36. Do you wear protective eyewear such as goggles or a face shield?
- Y N 37. Are you happy with your weight?
- Y N 38. Are you trying to gain or lose weight?
- Y N 39. Has anyone recommended you change your weight or eating habits?
- Y N 40. Do you limit or carefully control what you eat?
- Y N 41. Do you have any concerns that you would like to discuss with a doctor?

Please circle if you:

- Y N 42. Have you ever had an injury like a sprain, muscle, or ligament tear that caused you to miss a practice or game?
- Y N 43. Have you have had any broken or fractured bones or dislocated joints?
- Y N 44. Have had a bone or joint injury that required x-ray, MRI, CT, surgery, injection, or physical therapy?

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes

**Females Only**

- 45. Have you ever had a menstrual period? Yes \_\_\_\_\_ No \_\_\_\_\_
- 46. How old were you when you had your first menstrual period? \_\_\_\_\_
- 47. How many periods have you had in the last 12 months? \_\_\_\_\_

__Phys Ent.	__AT
__Sc Y N Ref	__Ret __Cl
__Vs Y N Ref	__Ret __Cl
__Med Y N Ref	__Ret __Cl

**Niagara Wheatfield Central School  
Pre-participation Physical Evaluation**

Phys Ed Teacher: \_\_\_\_\_

Period: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Explain all "YES" answers from the front of sheet (by number):**

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*PHYSICIAN USE ONLY*

**Pulse:** \_\_\_\_\_ **BP:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BMI:** \_\_\_\_\_ **WSC (BMI %)** \_\_\_\_\_

**Vision:** R 20/\_\_\_\_ L 20/\_\_\_\_ **Glasses**      **Contacts**      **Unaided**

**Tanner Score (Grades 6<sup>th</sup> and 7<sup>th</sup>)** \_\_\_\_\_

	Normal	Abnormal Findings	Initials
<b>Medical</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
Genitourinary (Males Only)			
<b>Musculoskeletal</b>			
Neck			
Scoliosis screen			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

**Cleared**                                       **NOT cleared**

**Reason:** \_\_\_\_\_

**Cleared with restrictions:**

- Epipen (Bees/Food)**     **Inhaler**     **Post status injury**     **Cardiac clearance**  
 **Other** \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

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**I hereby certify that I am qualified by training and experience to properly perform the examination and make the evaluation reflected on this form.**

**Name of Physician (print/type):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_, MD, DO, NP or RPA (Please circle)