

Signature of Parent/Guardian

De La Salle High School 1130 Winton Drive, Concord, CA 94518 Phone: (925) 288-8100 Fax: (925) 686-3474

## Pre-participation Physical Evaluation (Page 1 of 2)

Part 2. Medical History (The parent or guardian should fill out this form with assistance from the student). Explain "yes" answers below. Directe questions you don't know answers to.    Have you had a medical lilness or injury since your last check-up or sports physical?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have an ongoing or chronic illness?   O O Doyou have any altergies to rain injury or condition?   O O Doyou have any supplements or vitamins to help you gain or lose veight or improve your performance?   O O Doyou have any altergies to medications?   O Doyou have any outriends during or after exercise?   O Doyou have any outriends during or after exercise?   O Doyou have any outriends during or after exercise?   O Doyou have any outriends during or after exercise?   O Do	Name	Se	x	Age _	Date of Birth Grade		
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Have you ever been knocked out, become unconscious, or lost your memory?  Have you ever had a seizure?  Do you have frequent or severe headaches?  Have you ever had numbness or tingling in your arms, hands, legs, or feet?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever become ill from exercising in the heat?  Alcohol  Halegal drugs  O O  Have you ever had a seizure?  O O  Have you ever become ill from exercising in the heat?						О	(
lost your memory? Have you ever had a seizure? O O O Have you ever had a seizure? O O O Have you ever had numbness or tingling in your arms, hands, legs, or feet? O O O Have you ever had a stinger, burner, or pinched nerve? O O O Have you ever become ill from exercising in the heat? O O		O	O		Smokeless tobacco Cigarettes		
Have you ever had a seizure?  Do you have frequent or severe headaches?  Have you ever had numbness or tingling in your arms, hands, legs, or feet?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever become ill from exercising in the heat?  O O  Have you ever become ill from exercising in the heat?		0	0		Alconol Illegal drugs		-
Do you have frequent or severe headaches?  Have you ever had numbness or tingling in your arms, hands, legs, or feet?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever become ill from exercising in the heat?  O O  Have you ever become ill from exercising in the heat?							
Have you ever had numbness or tingling in your arms, hands, legs, or feet?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever become ill from exercising in the heat?  O O  Have you ever become ill from exercising in the heat?							
legs, or feet?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever become ill from exercising in the heat?  O O O O		U	O				
Have you ever had a stinger, burner, or pinched nerve? O O Have you ever become ill from exercising in the heat? O O		0	0				
Have you ever become ill from exercising in the heat?  O O							
xplanation:	xnlanation:						_
Explanation:							_
hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.							_

Signature of Student

Date



De La Salle High School 1130 Winton Drive, Concord, CA 94518 Phone: (925) 288-8100 Fax: (925) 686-3474

## Pre-participation Physical Evaluation (Page 2 of 2)

Name:			Date of Birth:		
Height: Weight:	% Bo	dy Fat (optional) Pulse:	_ BP:/		
Vision: R 20/ L 20	)/	Glasses/Contacts: Yes No Pupil	s: EqualUnequal		
Findings	Normal	Abnormal Findings	Initials*		
Medical					
Appearance					
Skin					
Eyes/Ears/Nose					
Throat/ Oropharynx					
Lymph Nodes					
Heart					
Pulses					
Lungs					
Abdomen					
Genitalia/ Hernia					
Musculoskeletal					
Neck					
Back					
Shoulder/arm					
Elbow/forearm					
Wrist/hand					
Hip/thigh					
Knee					
Leg/ankle					
Foot					
Station-based examination only					
Assessment					
<ul><li>Cleared for all phys</li><li>Cleared after comp</li></ul>	·	tion/rehabilitation for:			
□ Not Cleared for:		Reason:			
-					
Name of physician (prin	nt/type)		Date		
Address:			Phone:		

**Pre-participation Physical Evaluation Forms** are based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.