



Pre Participation Physical Exam Form

Name _____ DOB _____

Minors must have a parent or legal guardian present at time of the sports physical.

Please complete and sign **ALL** documents within this packet prior to being seen. The history area of the physical forms **MUST** be completed and signed by the patient and parent or legal guardian (if applicable) before we will evaluate the patient. If the patient does not have a preparticipation physical evaluation form from their sports organization, the attached history form must be completed and signed.

If the patient uses corrective lenses (glasses and/or contacts) for vision, the patient must have their eye wear at time of the physical.

If the patient has a history of any of the following conditions, the patient must first be cleared by the specialist treating the condition. Falcon Health Center **WILL NOT** clear any patient with a history of the following disorders without proof of clearance from the specialist treating the condition.

Any Irregular Heartbeat or Chest Pains
(palpitations, SVT, racing)

Seizure Disorder

Clotting Disorders

Any heart conditions (under the care of a
cardiologist)

Marfan Syndrome

Uncontrolled Asthma

Heart Murmur

Sickle Cell

Orthopedic Injury (currently under
the care of an orthopedic physician)

Falcon Health Center **WILL NOT** clear the patient if any of the following conditions are present.

Fever

Within 4 weeks of mono diagnosis

Cast

Cold, Flu, COVID symptoms

Prior Concussion without clearance

Strep Throat

By signing this form, I attest that the information provided is true and accurate to the best of my knowledge. Any attempt to falsify or withhold information related to any of the above conditions may result in adverse health conditions and/or physical harm due to participation in activities.

Signature

Date

Print Name

Relationship