



Pre Participation History

Name _____ DOB _____

Minors must have a Parent or Legal Guardian present at time of the sports physical.

The History area of the Physical Forms **MUST** be completed and signed by both the student and parent or legal guardian before we will evaluate the Patient.

If Patient needs eye wear for vision, then the Patient must have their eye wear at time of the physical.

If Patient has a history of any of these conditions, Patient **MUST** be cleared by their Primary Care Provider. These conditions place the athlete at the highest risk for an unexpected event.

Any Heart Condition

Any Heart Murmur

Marfans Syndrome

Family history of a premature death due to a heart condition in someone less than 50 years old.

If Patient has high blood pressure and it is not controlled, than the athlete will **NOT** be passed. Blood pressure must be less than the 90 percentile for age, sex, and height.

Since the athletes are not allowed to participate in a sport if they have any of the following, Patient needs to be **FREE** of the following at time of the physical.

Fever

Cold or Flu

Casts

Rashes

Within 4 weeks of being diagnosed with Mono

Prior concussion that have not been cleared

Any attempt to falsify this information is only going to potentially affect clearance.

By signing this form you are attesting that none of these conditions exist to the best of your knowledge.

Signature

Date

Print Name

Relationship