

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



**HAMPSHIRE COLLEGE**  
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**THIS FORM IS REQUIRED FOR INTERCOLLEGIATE ATHLETES DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Biological Sex: \_\_\_\_\_ Sport(s): \_\_\_\_\_ Medicines and

Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are taking:

Do you have any allergies? Yes No If yes, please identify specific allergy: Medicines Pollens Food Stinging Insects Explain "Yes" Answers below. Circle questions you don't know the answers to.

**GENERAL QUESTIONS**

1. Has a doctor ever denied or restricted your participation in sports for any reason?
2. Do you have any ongoing medical conditions? If so, please identify: Asthma Anemia Diabetes Infections Other
3. Have you ever spent the night in the hospital?
4. Have ever had surgery?

**HEART QUESTIONS ABOUT YOU**

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
7. Does your heart ever race or skip beats (irregular beats) during exercise?
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  
 High blood pressure High cholesterol Kawasaki disease  
 A heart murmur A heart infection Other: \_\_\_\_\_
9. Has a doctor ever ordered a test for your heart? (for example ECG/ EKG, echocardiogram)
10. Do you get lightheaded or feel more short of breathe than expected during exercise?
11. Have you ever had an unexplained seizure?
12. Do you get more tired or short of breath more quickly than your friends during exercise?

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
15. Does anyone in your family have a heart problem, pace maker, or implanted defibrillator?
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

**YES NO**

**YES NO**

**YES NO**

**BONE AND JOINT QUESTIONS**

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?
18. Have you ever had any broken or fractured bones or dislocated joints?
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
20. Have you ever had a stress fracture?
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
22. Do you regularly use a brace, orthotics, or other assistive device?
23. Do you have a bone, muscle, or joint injury that bothers you?
24. Do any of your joints become painful, swollen, feel warm, or look red?
25. Do you have any history of juvenile arthritis or connective tissue disease?

**YES NO**

**MEDICAL QUESTIONS**

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
27. Have you ever used an inhaler or taken asthma medicine?
28. Is there anyone in your family who has asthma?
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
30. Do you have groin pain or a painful bulge or hernia in the groin area?
31. Have you had infectious mononucleosis within the last month?
32. Do you have any rashes, pressure sores, or other skin problems?
33. Have you had a herpes or MRSA skin infection?
34. Have you ever had a head injury or concussion?
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
36. Do you have a history of seizure disorder?
37. Do you have headaches with exercise?
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
39. Have you ever been unable to move your arms or legs after being hit or falling?
40. Have you ever become ill while exercising in the heat?
41. Do you get frequent muscle cramps when exercising?
42. Do you or someone in your family have sickle cell trait or disease?
43. Have you had any problems with your eyes or vision?

**YES NO**

Explain "Yes" answers here: \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL QUESTION- CONT.**

**YES NO**

- 44. Have you ever had any eye injuries?
- 45. Do you wear glasses or contact lenses?
- 46. Do you wear protective eyewear, such as goggles or a face shield?
- 47. Do you worry about your weight?
- 48. Are you trying to or has anyone recommended that you gain or lose weight?
- 49. Are you on a special diet or do you avoid certain types of foods?
- 50. Have you ever had an eating disorder?
- 51. Do you have any concerns that you would like to discuss with a doctor?

**FEMALES ONLY**

- 52. Have you ever had a menstrual period? \_\_\_\_\_
- 53. How old were you when you had your first period? \_\_\_\_\_
- 54. How many periods have you had in the last 12 months? \_\_\_\_\_

**Provider Only**

Height \_\_\_\_\_ Weight \_\_\_\_\_

BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ ) Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y \_\_\_\_\_ N \_\_\_\_\_

**Provider only below line**

| MEDICAL   | NORMAL | ABNORMAL FINDINGS |
|---|--------|-------------------|
| Appearance - <i>Marfan stigmata</i>                             |        |                   |
| Eyes/ears/nose/throat - <i>Pupils equal -Hearing</i>            |        |                   |
| Lymph nodes   |        |                   |
| Heart - <i>Murmurs - Location of point of max. impulse(PMI)</i> |        |                   |
| Pulses - <i>Simultaneous femoral and radial pulses</i>          |        |                   |
| Lungs   |        |                   |
| Abdomen   |        |                   |
| Genitourinary (males only)                                      |        |                   |
| Skin - <i>HSV, lesions suggestive of MRSA, tinea corporis</i>   |        |                   |
| Neurologic  |        |                   |
| <b>MUSCULOSKELETAL</b>  |        |                   |
| Neck  |        |                   |
| Back  |        |                   |
| Shoulder/arm  |        |                   |
| Elbow/forearm   |        |                   |
| Wrist/hand/fingers  |        |                   |
| Hip/thigh   |        |                   |
| Knee  |        |                   |
| Leg/ankle   |        |                   |
| Foot/toes   |        |                   |
| Functional - <i>Duck-walk, single leg hop</i>                   |        |                   |

- Cleared for all sports without restriction
- Cleared for all sports without restrictions with recommendations for further evaluation or treatment for \_\_\_\_\_

**Not cleared for:** Pending further evaluation      For any sports      For certain sports

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

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

Signature of MD, DO, NP, or PA \_\_\_\_\_ Date: \_\_\_\_\_  
Name of physician (print/type) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_