## Anaheim Union H.S. District Pre-Participation Physical Evaluation

3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?       Yes No         4. Do you have any allergies to medicines, pollens, foods, or stinging insects?       Yes No	Name			SexAgeDate of birth		
History - Explain "Yes" answers blow. Circle guestions you don't know the answers to.         1.1 bits a softer we tailed expediation is applied by the product of an intervent and an explain and the product of an intervent and an explain and the product of an intervent and an explain and the product of an intervent and an explain and the product of an intervent and an explain and the product of an intervent and the product of an interven	Grade School			Sport(s)		
I. He a closer or closed arresting space in any rest is a submary       Yes       No         2. Do you have an orgaing mediation in goats for any rest is a submary       Yes       No         3. Are you cancely late and contine. In this dubtes are submary       Yes       No         4. Do you have an orgaing mediations or paints       Yes       No         4. Do you have any allegists in medicines, points, ford, or stright basest?       Yes       No         6. They or correctly and that you have some and orgaing basets?       Yes       No         7. How you have some and you have some and you have some and work of the southes?       Yes       No         7. How you have some and you have you have you have you have you have you ha		elow.	Cir			
A Are you carrently taking any precordation on conjectoption (over-the-counter)     (vision of the?     (vision of the?	1. Has a doctor ever denied or restricted your participation in sports for any			21. Have you been told that you have or have you had an x-ray for atlantoaxial	s No	
The sections of pairs?     The sections of	2. Do you have an ongoing medical condition (like diabetes or asthma)?	Yes	No	22. Do you regularly use a brace or assistive device?	es No	
A. Do you have any attergies to inclines, patients, holds, or stinging insists?     Yes     No     S. have you ever passed out or rearry passed out DRNKG exercise?     Yes     No     S. have you ever passed out or rearry passed out arready passed out DRNKG exercise?     Yes     No     S. have you ever passed out or rearry passed out arready passed passed out arready passed pa		Yes	No	23. Has a doctor ever told you that you have asthma or allergies? Ye	s No	
2. How you ever passed out or nearly passed out OUNIX corrected?       Yes       No         2. How you ever passed out or nearly passed out OUNIX corrected?       Yes       No         2. How you ever passed out or nearly passed out OUNIX corrected?       Yes       No         2. How you ever passed out or nearly passed out OUNIX corrected?       Yes       No         2. How you ever had decomption and passed out or nearly passed out on the passed out or nearly passed out or nearly passed out or nearly passed out or nearly passed out on the passed out on					s No	
E. How you ever aver average averaged out AFEE eversity?       Yes       No         7. How you how a badd discontlet, pain, or pressure in you chest during everties?       Yes       No         8. Dass you have rate or salip basis during everties?       Yes       No         8. Thes you have rate or salip basis during everties?       Yes       No         8. Thes you have rate or salip basis during everties?       Yes       No         10. How you have rate or salip       Field bood pressure       Yes       No         11. Have you over hard and have cost salie (best all hard saligne)       Yes       No         12. Desaryous how any have a nearby possion?       Yes       No         13. Have you aver hard and have cost salie the salie intection?       Yes       No         14. Basis synches in your hand / there salie the salie intection?       Yes       No         13. Have you aver hard and have cost salie during your houry your ennory?       Yes       No         14. Basis synches in your hand / there salies and basis or salies and basis your houry your ennory?       Yes       No         14. Basis you have your have a head poblem?       Yes       No       Salies you your have a head poblem?       Yes       No         13. Have you ever hard nall diftig you your have?       Yes       No       Salies you have?       Yes       No <t< td=""><td></td><td></td><td>No</td><td>25. Is there anyone in your family who as asthma? Ye</td><td></td></t<>			No	25. Is there anyone in your family who as asthma? Ye		
7. Hore you even had discontrols, pail, or pressure in your chest during       Ves       No         8. Does your hear race or skip beas during exercise?       Yes       No         9. Hore a dorder even tidd you har you have filted at that apply:       Yes       No         10. Has a dorder even tidd you har you have?       Yes       No         11. Has anyone in your family died for no apparent reason?       Yes       No         12. Have you hard an functions       Yes       No         13. Has a dorder even releval a tell tray have?       Yes       No         14. Has anyone in your family died for no apparent reason?       Yes       No         13. Have you have had an strate tray       Yes       No         14. Has any family member or relative died for thear problems or of studied       Yes       No         15. Have you or relative dia died for no apparent reason?       Yes       No         14. Dees anyone in your family have Marken syndrom?       Yes       No         15. Have you or relative died of heart problems or of stadee       Yes       No         16. Have you or relative appelon.       Yes       No         17. Have you are print in alight in hangplan?       Yes       No         18. Have you have problem skip have for theart problems or tigament lan; or transon; theaps and treason with your eryes or viston?       Yes <td></td> <td></td> <td></td> <td></td> <td>s No</td>					s No	
exercise?         1				other organ?	s No	
8. Has a doctor ever tor by your had you bave (check at that apply):       Yes       No         10. Has a doctor ever torted your had you bave (check at that apply):       Yes       No         11. Has a doctor ever ordered at set for your heart? (for example, ECG, we had a hange you ever had a hand beingy or conclusion?       Yes       No         11. Has a doctor ever ordered at set for your heart? (for example, ECG, we had a hange you ever had a hange you were had a hang	exercise?		-	28. Have you had infectious mononucleosis (mono) within the last month?		
High blood pressure       Heart number       Yes       No         10. Has a doctor prevented at last own heart (for example, ECG, echeckallopren)       Yes       No         11. Has anyone more ordered a tast own heart (for example, ECG, echeckallopren)       Yes       No         11. Has anyone in ny our family died for na papeent reason?       Yes       No         12. Does anyone in your family died for na papeent reason?       Yes       No         13. Has any family member or relative died of heart problems or of sadden       Yes       No         14. Does anyone in your family died for na papeent reason?       Yes       No         15. Have you event had a situat?       Yes       No         16. Have you event had sett any family member or relative died of heart problems or of sadden       Yes       No         15. Have you event had a night, lave Martin syndrome?       Yes       No         16. Have you adva had a papeent height in a heagta?       Yes       No         17. Have you event had a night, like a signal more more your anny on legs after being hit or factored hones or dislocated (pinks? If yes, the so       No         18. Have you adva hone or pinkt in the heagt 2       Yes       No         19. Have you had a bone or pinkt ingit han segalar       Yes       No         19. Have you adva hones or dislocated (pinks? If yes, thete       Yes       No		Yes	No			
High cholesterol       Heart intection						
10. Has a dock ever ordered a test tory our heart? (for example, ECG, eccled and the second digram)       Yes       No         11. Has anyone in your family did for on apparent reason?       Yes       No         12. Dess anyone in your family have a beart poblem?       Yes       No         13. Has any tening member or elable did of heart poblems or of studion       Yes       No         14. Dess anyone in your family have a beart poblem?       Yes       No         15. Have you ever had a setzue?       Yes       No         16. Have you ever had a setzue?       Yes       No         16. Have you ever had any ordnome?       Yes       No         16. Have you ever had a signer, muscle or ilguanent tear, or etcle static with the heat, do you have servere muscle orange or become in your family have sickle cell teal       Yes         17. Have you ever had a bone or insta a practic or game? If yes, check below.       Yes       No         18. Have you had a to now insta a practic or game? If yes, check below.       Yes       No         19. Have you had a to now insta a practic or game? If yes, check below.       Yes       No         19. Have you had a to now insta a practic or game? If yes, check below.       Yes       No         19. Have you had a now insta a practic or game? If yes, check below.       Yes       No         19. Have you had a bone or iset initing, that causd you way in your any ex		Yes	No			
10. Has anyone in your tamk to glob near hole or appent mason?       Yes       No         11. Has anyone in your tamk has hear problem?       Yes       No         13. Has any family member or healthedided of heart problems or of studden deam family.       Yes       No         14. Hoes anyone in your tamk has heart problem?       Yes       No         14. Hoes anyone in your tamk has heart problem?       Yes       No         15. Have you ever bean unable to move your arms or legs after being hit or dailing?       Yes       No         16. Have you ever had a finity, file a sprain, muscle or figament tear, or teach any problem with your year or whole as below.       Yes       No         17. Have you ever had a finity, file a sprain, muscle or figament tear, or enclose any toring the any problem with your year or whole as below.       Yes       No         18. Have you was the any problem?       Yes       No       Yes       No         18. Have you was the any problem?       Yes       No       Yes       No         19. Have you had any below or backs and problem?       Yes       No       Yes       No         19. Have you had any problem with your velocities any problem?       Yes       No       Yes       No         19. Have you had a hone or joint injury that required ways, MRI, CT, surgery, infections, withalitation, physical Heary, a brace, a cast, or cruthas?       Yes       No </td <td>High cholesterol Heart infection</td> <td></td> <td></td> <td></td> <td></td>	High cholesterol Heart infection					
11. Has any one in your family fide for a apparent reason?       Yes       No         12. Does anyone in your family have a heart problem?       Yes       No         13. Has any out in your family have a heart problem?       Yes       No         14. Does anyone in your family have a heart problem?       Yes       No         14. Does anyone in your family have a heart problem?       Yes       No         14. Does anyone in your family have a heart problem?       Yes       No         15. Have you ever beeu mathed to move your arms or legs after being hit or family have died of heart problems or of sudden       Yes       No         16. Have you ever bad a minipy.       Yes       No       38. Have you have head antibuty.       Yes       No         17. Have you ever bad an intripy.       Yes       No       Yes       No         18. Have you have head antibuty.       Yes approximation or insta practice or game? If yes, circle       Yes       No         19. Have you have head antibuty.       Yes approximation or insta practice or game? If yes, circle       Yes       No         19. Have you have head antibuty.       Yes insta practice or game? If yes, circle       Yes       No         19. Have you have methad any boken or insta practice or game? If yes, circle       Yes       No         19. Have you wave protectine wave, such as googles or a tace sheld?		Yes	No			
12. Does anyone in your family have a head problem?       Yes       No         13. Has any tamily member or relative died of head problems or of studien diam?       Yes       No         14. Does anyone in your family have data problems or of studien diam?       Yes       No         15. Have you ever bean mulable to move your arms or legs after being hit or talling?       Yes       No         15. Have you ever bad an inplift in a hospital?       Yes       No         16. Have you ever had an ungery?       Yes       No         17. Have you ever had an inplift, hat causely to tims a practice or game? If yes, circle       Yes       No         18. Have you user had any problem shulf you er you ever had any problem shulf you er you ware plates and any problem shulf you er you ware plates and any problem shulf you er you ware plates and any problem shulf you er you ware you ware you ware plates and any problem shulf you er you ware you war				34. Do you have headaches with exercise? Ye	s No	
ideath before age 50?       Pts N0       if alling?       if alling?       if alling?       if alling?         14. Does anyone in your family have Markan syndrom?       Yes N0       if?					s No	
15. Have you ever spent the night in a hospital?       Yes       No         16. Have you ever had surgery?       Yes       No         17. Have you ever had an injury. like a sprain, muscle or ligament tear, or tenchnitis, that caused you to nits a practice or game? If yes, chele       Yes       No         18. Have you had any broken or fractured bones or dislocated joints? If yes, oriche below.       Yes       No         19. Have you had any broken or fractured bones or dislocated joints? If yes, oriche below.       Yes       No         19. Have you had a nor brok individued ways MRI. CT surgery, injections, rehabilitation, physical therapy, a brace, a cast, er or cuches? If yes, chele below.       Yes       No         19. Have you ever had a stress bracture?       Yes       No         Head       Neck       Stoulder       Upper Arm         Eibow       Forewarm       HandiFingers       Yes         Upper Back       Lower Back       How lower you werh ad a menstrual period?       Yes         20. Have you ever had a stress bracture?       Yes       No         20. Have you ever had a stress bracture?       Yes       No         20. Have you ever had a stress bracture?       Yes       No         20. Have you ever had a tress bracture?       Yes       No         Explain "Yes" answers here:       Yes       No <t< td=""><td></td><td>Yes</td><td>No</td><td></td><td>es No</td></t<>		Yes	No		es No	
10. Have you ever had single?       Yes       No         16. Have you ever had single?       Yes       No         17. Have you ever had an lipty. We a sprain, muscle or ligament tear, or tendinils, that caused you to miss a practice or game? If yes, circle       Yes       No         18. Have you ever had an lipty. We a sprain, muscle or ligament tear, or tendinils, that caused you to miss a practice or game? If yes, circle       Yes       No         18. Have you had any problems with your eyes or vision?       Yes       No         19. Have you had any problems with your eyes or vision?       Yes       No         19. Have you had a bone or pinit highry that required xrays, MBI, CT, suggery, injections, rehabilitation, physical therepy, a brace, a cast, or culteres? If yes, circle below:       Yes       No         19. Have you evert had a stress fracture?       Yes       No       43. Are you had you would like to discuss with a doctor?       Yes       No         19. Have you evert had a stress fracture?       Yes       No       44. Has anyone recommended you change your weight?       Yes       No         10. Do you wear glasses or contact lenses?       Yes       No       44. Has anyone recommended you change your weight?       Yes       No         19. Have you ever had a stress fracture?       Yes       No       45. Do you limit or carefully control what you ari?       Yes       No         20. Have you					es No	
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinilis, that caused you to miss a practice or game? If yes, circle       Yes       No         18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:       Yes       No         18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:       Yes       No         19. Have you had a bone or joint injury that required ways, MRI, CT, surgery, injections, rehabilitation, physical thereay, a bree, a cast, or crutches? If yes, circle below:       Yes       No         19. Have you wear placet.live optime of the set yes, circle below:       Yes       No       42. Are you had yn thore wears, such as goggles or a face shield?       Yes       No         19. Have you wear placet.live optime of the set yes of visions, rehabilitation, physical thereay, a bree, a cast, or crutches? If yes, circle below:       Yes       No         Head       Nock       Shoulder       Upper Par       Yes       No         Elibow Foream       Hand/Fingers       Chest       Yes       No         20. Have you ever had a stress fracture?       Yes       No       42. Are you wany providents with your weight?       Yes       No         20. Have you ever had a stress fracture?       Yes       No       44. Do you want gasses or contonic what you would like to discuss with a doctor?       Yes       No         20. Have you ever		-	-	38. Has a doctor told you that you or someone in your family has sickle cell trait		
affected area below:       40. Do you wear glasses or contact lenses?       Yes       No         18. Have you had any horken or fractured bones or dislocated joints? If yes, circle below:       Yes       No       41. Do you wear glasses or contact lenses?       Yes       No         19. Have you had a bone or joint injury that required yrays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       Yes       No         Head       Nock       Shoulder       Upper Arm       43. Do you wear glasses or context lenses?       Yes       No         Elow       Fore Call/Shin       Ankle       Foot/Toes       Yes       No         40. Do you wear glasses or contact lenses?       Yes       No       44. Has anyone recommended you change your weight or eating habits?       Yes       No         44. Has anyone recommended you change your weight or eating habits?       Yes       No       44. Has anyone recommended you change your weight or eating habits?       Yes       No         45. Do you limit or carefully control what you and?       Yes       No       44. Has anyone recommended you change your weight or eating habits?       Yes       No         46. Do you happ with you weight?       Aukery ou wear you change your weight and oncore?       Yes       No         20. Have you ever had a stress thacture?       Yes       No       48. How		Max	Ν.	or sickle cell disease?		
18. Have you had any broken or fractured bones or dislocated joints? If yes, or the source or ploint injury that required ways, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, oricle below:       Yes       Not         19. Have you had a bone or ploint injury that required ways, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       Yes       Not         Head       Neck       Shoulder       Upper Arm       Elbow       Forearm       Hand/Fingers       Chest         Upper Back       Low you uver philds       And/Fingers       Chest       Yes       Not         20. Have you uver had a stress bracture?       Yes       Not       46. Do you have any concerns that you would like to discuss with a doctor?       Yes       Not         20. Have you uver had a stress bracture?       Yes       Not       47. Have you uver you ada?       Yes       Not         20. Have you uver had a stress bracture?       Yes       Not       49. How many periods have you had in the last 12 months?       Yes       Not         20. Have you uver had a stress bracture?       Yes       Not       49. How many periods have you had in the last 12 months?       Espection         20. Have you uver had a stress bracture?       Yes       Not       49. How many periods have you had in the last 12 months?       Espect       Date		Yes	N0			
Image: Control of the below:       Yes       No       42. Are you happy with your weight?       Yes       No         19. Have you had a bone or joint injury that required xrays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, check below:       Yes       No       43. Are you happy with your weight?       Yes       No         Head       Neck       Shoulder       Upper Arm       Yes       No       44. Has your any concerns that you would like to discuss with a doctor?       Yes       No         Upper Back       Lower Back       Hip       Thigh       Yes       No       46. Do you unit or carefully control what you and like to discuss with a doctor?       Yes       No         20. Have you ever had a stress tracture?       Yes       Yes       No       48. How old were you when you had your first menstrual period?       Yes       No         Explain "Yes" answers here:       I       I       Hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.       Signature of parent/guardian       Date         Physician's Physical Evaluation       Height       Weight       Weight (optional)       Pulse       BP       / (optional)       / (optional)       Vision R 20/ (optional)       I/ (optional)       Pulse       BP       / (optional)       Mea       Mea       Mea       Mo						
19. Have you had a bone or joint injury that required xrays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       Yes No       Yes No         Head       Neck       Shoulder       Upper Arm       Yes No       Yes No         Ebow       Forearm       Hand/Fingers       Chest       Yes No         Upper Back       Lower Back       Hip       Thigh       Yes No         Knee       Catt/Shin       Ankle       Foo/Toes       Yes No         20. Have you ever had a stress fracture?       Yes No       Yes No       Yes No         Explain "Yes" answers here:       Yes No       Yes No       Yes No         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         Physician's Physical Evaluation       Pulse       BP       (,,,,,,,		Yes	No			
19. The beginner decisions, rehistalitation, physical interaction, a brace, a cast, or crutches? If yes, dickle below:       Yes       No         44. Has anyone recommended you change your weight or eating habits?       Yes       No         44. Has anyone recommended you change your weight or eating habits?       Yes       No         45. Do you limit or carefully control what you eat?       Yes       No         46. Do you limit or carefully control what you eat?       Yes       No         46. Do you limit or carefully control what you eat?       Yes       No         47. Has anyone recommended you change your weight or eating habits?       Yes       No         48. Do you limit or carefully control what you eat?       Yes       No         49. How many periods have you would like to discuss with a doctor?       Yes       No         40. Do you were had a stress fracture?       Yes       No         20. Have you ever had a stress fracture?       Yes       No         49. How many periods have you what in the last 12 months?       Explain "Yes" answers here:         1       hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.       Signature of parent/guardian       Date         Physician's Physical Evaluation       Pulse       BP       (						
orutches? If yes, circle below:       45. Do you limit or carefully control what you eat?       Yes No         Head       Neck       Shoulder       Upper Arm         Elbow       Forearm       Hand/Fingers       Chest         Upper Back       Lower Back       Hip       Thigh         Zo. Have you ever had a stress tracture?       Yes       Yes       Yes         20. Have you ever had a stress tracture?       Yes       Yes       Yes         Explain "Yes" answers here:       Yes       Yes       Head       No         Height       Weight       Signature of parent/guardian       Date       Date         Physician's Physical Evaluation       Pulse       BP       Unequal		Vaa	No			
Head       Neck       Shoulder       Upper Arm       143       144       143       144 <td></td> <td>Yes</td> <td>NO</td> <td></td> <td></td>		Yes	NO			
Elbow       Forearm       Hand/Fingers       Chest         Upper Back       Lower Back       Hip       Thigh         Knee       Calt/Shin       Ankle       Foot/Toes         20. Have you ever had a stress tracture?       Yes       No         20. Have you ever had a stress tracture?       Yes       No         Explain "Yes" answers here:       48. How old were you when you had your first menstrual period?       49. How many periods have you had in the last 12 months?         Explain "Yes" answers here:       Signature of parent/guardian       Date         Physician's Physical Evaluation       Physician's Physical Evaluation         Height       Weight       % Body fax (optional)       Pulse       BP       ////////////////////////////////////						
Upper Back       Lower Back       Hip       Thigh       47. Have you ever had a menstrual period?       Yes       No         20. Have you ever had a stress fracture?       Yes       No       48. How old were you when you had your first menstrual period?       48. How old were you when you had your first menstrual period?       1         20. Have you ever had a stress fracture?       Yes       No       49. How many periods have you had in the last 12 months?       1         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 parent/guardian       Date					S NO	
Knee       Catt/Shin       Ankle       Foot/Toes         20. Have you ever had a stress fracture?       Yes       No         20. Have you ever had a stress fracture?       Yes       No         Explain "Yes" answers here:       49. How many periods have you had in the last 12 months?         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						
20. Have you ever had a stress tracture?       Yes       No       49. How many periods have you had in the last 12 months?         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					s No	
Explain "Yes" answers here:		1				
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	-	Yes	No	49. How many periods have you had in the last 12 months?		
Physician's Physical Evaluation         Height% Body fax (optional)PulseBP/ (/,,)         Vision R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal         Cleared       Cleared after completing evaluation/rehabilitation for:	I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.					
Physician's Physical Evaluation         Height% Body fax (optional)PulseBP/ (/,)         Vision R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal         Cleared       Cleared after completing evaluation/rehabilitation for:	Signature of athlete DateDate					
Height% Body fax (optional)PulseBP/ (/,,)         Vision R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal         Cleared Cleared after completing evaluation/rehabilitation for:         Not cleared for: Reason:         Name of physician (print/type) Address	Physi	ician'	e Ph	hysical Evaluation		
Vision R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal Cleared Cleared after completing evaluation/rehabilitation for: Not cleared for: Reason: Name of physician (print/type) Address Date	T Hyo		011			
Cleared O Cleared after completing evaluation/rehabilitation for:  Not cleared for:  Reason:  Name of physician (print/type)  Address Date	HeightWeight% Body fax (optiona	al)		PulseBP/ (/,/	)	
Not cleared for: Reason: Name of physician (print/type) Address Date	Vision R 20/ L 20/	Co	orrec	cted: Y N Pupils: Equal Unequal		
Not cleared for: Reason: Name of physician (print/type) Address Date	Cleared Cleared after completing evaluation/rehabilitat	ion for:_				
	Not cleared for: Reas	son:				
	Name of physician (print/type)		Addre	ress Date		
	Signature of physician	<mark>) or</mark> (		License # Physical MUST be signed by MD or DO – not PAC, RNP, D	<mark>)C, etc</mark> .	