

**MUKILTEO SCHOOL DISTRICT NO. 6**  
**ATHLETIC PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION**  
 (Required at the 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> Grade Levels)

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ EXAM DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ SPORT \_\_\_\_\_

**HISTORY**

**YES NO**

1. a.   Have you had any illness/injury recently, or do you have an illness/injury now?
- b.   Have you had a medical problem, illness, or injury since your last exam?
- c.   Do you have any chronic or recurrent illness?
- d.   Have you ever had any illness lasting more than a week?
- e.   Have you ever been hospitalized overnight?
- f.   Have you had any surgery other than tonsillectomy?
- g.   Have you ever had any injuries requiring treatment by a physician?
- h.   Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2.   Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3.   Do you have ANY allergies (medicines, bees, foods, or other factors)?
4. a.   Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
- b.   Do you tire more easily or quickly than your friends during exercise?
- c.   Have you ever had any problem with your blood pressure or your heart?
- d.   Have any close relatives had heart problems, heart attack, or sudden death before they were age 50?
5.   Do you have any skin problems (acne, itching, rashes, etc.)?
6. a.   Have you ever had fainting, convulsions, seizures, or severe dizziness?
- b.   Do you have frequent severe headaches?
- c.   Have you ever had a "stinger" or "burner" or "pinched nerve"?
- d.   Have you ever been "knocked out" or "passed out"?
- e.   Have you ever had a neck or head injury?
7.   Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
8.   Have you had asthma, or trouble breathing, or cough during or after exercise?
9. a.   Do you wear eyeglasses, contact lenses, or protective eye wear?
- b.   Have you had any problem with your eyes or vision?
10.   Do you wear any dental appliance such as braces, bridge, plate, retainer?
11. a.   Have you ever had a knee injury?
- b.   Have you ever had an ankle injury?
- c.   Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
- d.   Have you ever had a broken bone (fracture)?
- e.   Have you ever had a cast, splint, or had to use crutches?
- f.   Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12.   Has it been more than 5 years since your last tetanus booster shot?
13.   Are you worried about your weight?
14.   FEMALES: Do you have any menstrual problems?
15.   Do you have any medical concerns about participating in your sport?

\*\*\*ATHLETE SHOULD NOT WRITE BELOW THIS LINE\*\*\*

**EXAMINER'S COMMENTS ON ALL "YES" ANSWERS** (refer to question number) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for athletic competition by a medical authority licensed to perform a physical examination. The physical examination shall be valid for **twenty-four (24)** consecutive months.

**PHYSICAL EXAMINATION**

STUDENT NAME \_\_\_\_\_

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Weight: \_\_\_\_\_ Visual Acuity: Left 20/\_\_\_\_\_  
Right 20/\_\_\_\_\_

NORMAL

ABNORMAL

- 1. Head
- 3. Teeth
- 2. Eyes (pupils), ENT
- 4. Chest
- 5. Lungs
- 6. Heart
- 7. Abdomen
- 8. Genitalia
- 9. Neurologic
- 10. Skin
- 11. Physical Maturity
- 12. Spine, Back
- 13. Shoulders, Upper Extremities
- 14. Lower Extremities

**FLEXIBILITY** (Keys: P=Pass F=Fail) **R** **L**

Low Back \_\_\_\_\_

Internal Rotators \_\_\_\_\_

External Rotators \_\_\_\_\_

Hamstrings \_\_\_\_\_

Groin \_\_\_\_\_

Quads \_\_\_\_\_

Gastroc/Soleus \_\_\_\_\_

Upper Extremity \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MANUAL MUSCLE TEST** Muscle Grade: *Low* 1 2 3 4 5 *High* WNL = Within Normal Limits

	R	L		R	L		R	L
<b>Neck:</b>			<b>Elbow:</b>			<b>Shoulder:</b>		
Flexion	_____	_____	Flexion	_____	_____	Flexion	_____	_____
Extension	_____	_____	Extension	_____	_____	Extension	_____	_____
Rotation	_____	_____	Rotation	_____	_____	Adduction	_____	_____
Side Bending	_____	_____	Side Bending	_____	_____	Abduction	_____	_____
<b>Back:</b>			<b>Abdominal:</b>			Internal Rotation	_____	_____
Extension	_____	_____	Sit Up	_____	_____	External Rotation	_____	_____
<b>Hip:</b>			<b>Knee:</b>			<b>Ankle:</b>		
Flexion	_____	_____	Flexion	_____	_____	Dorsi Flexion	_____	_____
Extension	_____	_____	Extension	_____	_____	Plantar Flexion	_____	_____
External Rotation	_____	_____				Inversion	_____	_____
Abduction	_____	_____				Eversion	_____	_____
Adduction	_____	_____				Gastroc/Soleus	_____	_____

**ASSESSMENT**  Full participation  Limited participation (describe limitations, restrictions):

\_\_\_\_\_  
\_\_\_\_\_

Participation contraindicated (list reasons):

\_\_\_\_\_  
\_\_\_\_\_

Recommendations (equipment, taping, rehabilitation, etc.):

\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ EXAMINER'S SIGNATURE \_\_\_\_\_

EXAMINER'S PHONE \_\_\_\_\_ PRINT EXAMINER'S NAME \_\_\_\_\_

*Health concerns information may be shared with school personnel as necessary to benefit the safety of District students and others. (Please keep this information up to date.)*