

## Ohio High School Athletic Association Preparticipation Physical Evaluation



Lestions you don't know the answer to.  25. Do you cough, wheeze, or have difficulty breathing during or after exercise?  26. Is there anyone in your family who has asthma?  27. Have you ever used an inhaler or taken asthma medicine?  28. Were you born without or are you missing a kidney, an eye, a testicle, or			Age Date of Birth	
Premonal Physician   nease of emrgency, contact:   Name	GradeSchoolSport(s)			
Paramet Physician   W   Cell)   Cell)   Cell)    Filstory   Cell   Cell   Cell   Cell   Cell   Cell    Filstory   Cell				
Relationship  (W)  (Cell)  (Ce				
Files exclor is to be carefully completed by the etudent and his/her parent(e) or legal guardian(e) before participation in interacholastic athieliterior for to help detect possible risks.  Typisin "YSS" enswers in the space provided. Circlo use titing yet of the work of the participation in specific power of the work of the participation of the participation of the participation in sport for any reason?  Has a doctor ever denied or restricted you participation in sport for any reason?  Has a doctor ever denied or restricted you participation in sport for any reason?  Has a doctor ever denied or restricted you participation in sport for any reason?  Has a doctor ever denied or restricted you participation in sport for any reason?  Has a doctor ever denied or restricted you participation or nonprescription (over-the-counter) meditions or plits?  Do you have aligned storing any restricted you were passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out or nearly passed out AFTER exercise?  Have you ever passed out of you think you have denies and passed your passed you	In case of emergency, contact: Name		Relationship	
his section is to be carefully completed by the etudent and his/her parent(e) or legal guardian(e) before participation in interacholastic athletic refor to help detect possible risks.  Applain "YES" answers in the space provided. Circle    Interaction you don't know the answer to.	Phone (H)(W)	(Cell)	(Cell)	
This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in Interacholastic athletic vider to help detect possible risks.  Yes plain "YES" answers in the space provided. Oircle useful on your don't know the answer to.    Has a doctor ever denied or restricted you participation in sports for any reason?	History			
September   Sept	This section is to be carefully completed by the student and his	/her pare	ont(s) or legal guardian(s) before participation in interscholastic ath	iletic
Has a doctor ever defined or restricted you participation in sports for any reason?   Do you have an an ongoing medical condition (like diabetes or asthma)?   Do you have an ongoing medical condition (like diabetes or asthma)?   Do you have altergies to medicines, political, foods, or stinging insects to you think you are in good health?   Do you have altergies to medicines, political, foods, or stinging insects to you think you are in good health passed out or nearly passed out AFTER exercise?   Do you have you been thit in the head and been confused or lost your memory   Do you have you have the adentification or nearly the passed out or nearly pas	explain "YES" answers in the space provided. Circle		25. Do you cough, wheeze, or have difficulty breathing during or after exemise?	Yes
sports for any reason?  Any you currently taking any prescription or nonprescription (like diabetes or astima)?  Any you currently taking any prescription or nonprescription (over-the-country) medicines or pilis?  Do you have allergies to medicines, pooles, or stinging insects?  Do you thank you are in good hearthy passed out or nearly passed out of ATER exercise?  Have you ever passed out or nearly passed out ATER exercise?  Have you ever had discomfort, pain, or pressure in your chest during exercise?  Have you ever had discomfort, pain, or pressure in your chest during exercise?  Have you ever had discomfort, pain, or pressure in your chest during exercise?  Have you ever had discomfort, pain, or pressure in your chest during exercise?  Have you ever had discomfort, pain, or pressure in your chest during exercise?  Have go one ver cidar you that you have (check all that apply):  High Blood Pressure A heart nummur  High Cholesterol A heart nummur  Have you wer had the province of the province		Von Ne	26. Is there anyone in your family who has asthma?	
any other organ?   A pour have an ongoing medical condition (like diabetes or satima)?	sports for any reason?		28. Were you born without or are you missing a kidney, an eye, a testicle, o	
Cover-the-counter) medicines or pills'   Do you have any rashes, pressure sores, or other skin problems?   Do you think you are in good health?   Do you have you ever passed out or nearly passed out to rearly passed out or nearly passed out or nearly passed out health you have provided in your passed out or nearly passed out health you have provided in your passed out or nearly passed out health you have severies?   Do you have bened in the head and been confused or lost your memory?   Shave you ever passed out or nearly passed out health your provided in your passed out or nearly pass	Do you have an ongoing medical condition (like diabates or asthma)?  Are you currently taking any prescription or nonprescription	0 0	any other organ?	
Do you think you are in good health?  Alway you very passed out or nearly passed out or nearl	(over-the-counter) medicines or pills?		30. Do you have any rashes, pressure sores, or other skin problems?	
Have you ever passed out or nearly passed out of NFTER exercise? Have you ever had discomfort, pain, or pressure in your chest during exercise? Have you ever had discomfort, pain, or pressure in your chest during exercise? Does your heart race or skip beats during exercise? Does your heart race or skip beats during exercise? Halp Blood Pressure   A heart murrur   High Cholesterol   A heart infection   A heart murrur   High Cholesterol   A heart infection   A heart murrur   High Cholesterol   A heart infection   A heart murrur   High Scholesterol   A heart murrur   High Scholesterol   A heart infection   A heart murrur   High Scholesterol   A heart infection   A heart murrur   High Scholesterol   A heart infection   A	Do you have allergies to medicines, pollens, foods, or stinging insects?  Do you think you are in good health?	_		
ave you ever had discomfort, pain, or pressure in your chest during exercise?	Have you ever passed out or nearly passed out DURING exercise?		33. Have you been hit in the head and been confused or lost your memory?	
during exercise?   GS Halve you ever had numbness, tingling, or weakness in your arms or Does your heart race or skip beats during exercise?   Has a doctor ever told you that you have (check all that apply):   Halp Blood Pressure   A heart murmur   Halp Blood Pressure   A heart infection   A heart infecti	Have you ever passed out or nearly passed out AFTER exercise?  Have you ever had discomfort, pain, or pressure in your chest			
Has a doctor ever told you that you have (check all that apply):	during exercise?		36. Have you ever had numbness, tingling, or weakness in your arms or	
High Blood Pressure   A heart murmur   A heart mirection   Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   Blook Pressure   A heart infection   Bas a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   Blook Pressure   A heart problems?   Blook	Does your heart race or skip beats during exercise? Has a doctor ever told you that you have (check all that apply):		legs after being hit or failing?	
Has a doctor ever ordered a test for your heart? (for example, ECG, enbocardiogram)  Has anyone in your family died for no exparent reason?  Does anyone in your family have a heart problem?  Has anyone in your family have a heart problem?  Has anyone in your family have a heart problem?  Has anyone in your family have a heart problems or of sudden death before age 50?  Has anyone in your family have a heart problems or of sudden death before age 50?  Have you ever had aurigery?  Have you had a bone or font injury like a sprain, muscle or ligament ear, or tendinitis, that caused you to miss a practice or pame? If yes, circle affected area below:  Have you had a none or font injury that required x-rays, MRI, stray, injections, rehabilitation, physical therapy, a race, a cast, or crutches? If yes, circle below:  Neck Shoulder Arm Elbow Forearm Fingers Chest Took HIJp Thigh Knee Califishin Ankle Toes  Ave you been told that you have or have you had an x-ray ratlantoxald (neck) instability?  Dave been told that you have or have you had an x-ray ratlantoxald (neck) instability?  Dave you have retold you that you have asthma or allergles?  Athlete Parent or Gusrdian (If athlete is under 18)	☐ High Blood Pressure ☐ A heart murmur		falling?	
example, ECG, echocardiogram) Has anyone in your family lade for no apparent reason? Does anyone in your family have a heart problems or of sudden death before age 50? Does anyone in your family have a heart problems or of sudden death before age 50? Does anyone in your family have Marfan syndrome? Has ayou ever spent the night in a hospital? Have you ever had an injury, like a sprain, muscle or ligament lear, or tendinilist, that caused you to miss a practice or game? If yes, circle affected area below:	☐ High Cholesterol ☐ A heart infection  Has a doctor ever ordered a test for your heart? (for			$\Box$
Does anyone in your family have a heart problem?  Index any family member or relative died of heart problems or of sudden death before age 50?  Does anyone in your family have Marfan syndrome?  Does anyone in your family have Marfan syndrome?  Have you ever pent the night in a hospital?  Have you ever had surgery?  Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? if yes, circle effected area below:  Have you had any broken or fractured bones or dislocated oints? if yes, circle effected area below:  Have you had a bone or joint injury that required x-rays, MRI, Tr, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injury that required x-rays, MRI, Toes   Hand / Injury that required x-rays, MRI, Tr, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injury that required x-rays, MRI, Toes   Hand / Injury that required x-rays, MRI, Tr, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injury that required x-rays, MRI, Toes   Hand / Injury that required x-rays, MRI, Toes   Hand / Injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder   Mpper   Hand / Injections	example, ECG, echocardiogram)		39. Has a doctor told you that you or someone in your family has sickle cell	
Has any family member or relative died of heart problems or of sudden death before age 50?  Does anyone in your family have Marfan syndrome? Have you ever spent the night in a hospital? Have you ever spent the night in a hospital? Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle effected area below:  Have you had any broken or fractured bones or dislocated oints? If yes, circle below:  Have you had a bone or joint injury that required x-rays, MRI, area, e, a cast, or crutches? If yes, circle below:  I Neck Shoulder Arm Elbow Forearm Fingers Chest or Lower Induced Injury that required x-rays is as a doctor ever told that you have or have you had an x-ray or allantoaxial (neck) instability?  In very you been told that you have or have you had an x-ray or allantoaxial (neck) instability?  I a very you been told that you have asthma or allergies?  Althote  Althote  Do you wear glasses or contact lenses?  Jo you have any contact lenses?  Jo you have any concerns that you welpht or eating habits?  Jo you have any concerns that you would like to discuss with a doctor?  Jo you have any concerns that you would like to discuss with a doctor?  Jo you have any concerns that you would like to discuss with a doctor?  Jo you wear glasses or contact lense?  Jo you you pen of any in the least 12 months?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Jo you wear glasses or contact lenses?  Jo you wear glasses or contact lenses?  Jo you wear glasses or contact lenses?  Jo you of the dai	Does anyone in your family have a heart problem?			
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Have you ever spent the night in a hospital?  Have you ever had surgery?  Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle sifected area below:  Have you had any broken or fractured bones or dislocated foints? If yes, circle below:  Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  Have you ever had a siress fracture?  In Neck Shoulder Arm Elbow Forearm Fingers Chest or Lower in Lower	Does anyone in your family have Marfan syndrome?			
Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:  Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  Have you ever had a menstrual period?  Hand / How many periods have you had jour first menstrual period?  How many periods have you had in the last 12 months?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Light Neck Shoulder Arm Elbow Forearm Fingers Chest Pack Hip Thigh Knee Calf/shin Ankle Toes  Islave you ever had a stress fracture?  Islave you ever had a menstrual period?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Islave you ever had a menstrual period?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers	Have you ever spent the night in a hospital?		44. Are you trying to gain or lose weight?	
tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:  Have you had any broken or fractured bones or dislocated coints? if yes, circle below:  Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  Hand / Wheck Shoulder   Upper   Hand / Bar   Have you ever had a menstrual period?  How many periods have you had in the last 12 months?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Have you ever had a menstrual period?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Have you ever had a menstrual period?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Have you ever had a menstrual period?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Have you ever had a menstrual period?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Have you ever had a menstrual period?  Explain "Yes" Answers Here: (Attach additional sheets as needed)  Have you ever had a menstrual period?  Explain "Yes" Answers Here:	Have you ever had an injury, like a sprain, muscle or linament		46. Do you limit or carefully control what you eat?	
Have you had any broken or fractured bones or dislocated foints? If yes, circle below:  Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High Knee Califshin Ankle Toes  I Neck Shoulder Arm Elbow Forearm Fingers Chest Place High High William Place High William Place High William Place High William Place High High High William Place High High High High William Place High High High High High High William Place High High High High High High High High	tear, or tendinitis, that caused you to miss a practice or		47. Do you have any concerns that you would like to discuss with a doctor?	
Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:    Neck   Shoulder   Arm   Elbow   Forearm   Fingers   Chest   Foot / Toes				_
Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:    Neck   Shoulder	Have you had any broken or fractured bones or dislocated joints? If yes, circle below:		48. Have you ever had a menstrual period?	
Tr. surgery, injections, rehabilitation, physical therapy, a prace, a cast, or crutches? If yes, circle below:    Neck   Shoulder   Arm   Elbow   Forearm   Fingers   Chest     Dack   Hip   Thigh   Knee   Calif/shin   Ankle   Toes     Interest   Interest			60. How many periods have you had in the last 12 months?	
Arm Elbow Forearm Fingers Chest Foot / Toes   Foot   Foot	CT, surgery, injections, rehabilitation, physical therapy, a			
Athlete   Parent or Guerdien (If athlete is under 18)   Parent or Guerdien (If athlete is under 18)   Parent or Guerdien (If athlete is under 18)	race, a cast, or crutches? If yes, circle below:		Explain "Yes" Answers Here: (Attach additional sheets as needed)	
back   Hip	Neck Shoulder Arm Elbow Forearm Fingers Chest			
ave you been told that you have or have you had an x-ray r atlantoaxial (neck) instability? o you regularly use a brace or assistive device? as a doctor ever told you that you have asthma or allergies?  hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct, ature:    Signature:   Date:     Athlete   Parent or Guerdian (If athlete is under 18)	1 1 1 1 1 1 1 1 1 1 1			
ave you been told that you have or have you had an x-ray or atlantoaxial (neck) instability? o you regularly use a brace or assistive device? as a doctor ever told you that you have asthma or allergies?  hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct, ature:  Signature:  Date:  Athlete  Parent or Guerdian (If athlete is under 18)	ave you ever had a stress fracture?	0 0		
o you regularly use a brace or assistive device?  as a doctor ever told you that you have asthma or allergies?  hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.  ature:  Signature:  Date:  Athlete  Parent or Guardian (if athlete is under 18)	ave you been told that you have or have you had an x-ray	•		
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ature: Signature: Date:	as a doctor ever told you that you have asthma or allergies?	55.		
Athlete Signature: Date:  Athlete Parent or Guerdian (If athlete is under 18)	hereby state, to the best of my (our) knowledge, my (our) answers to the	above que	stions are complete and correct	
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udent has family insurance 🔲 Yes 🗀 No; if yes, family insurance company name and policy number:	Athlete		Parent or Guardian (if athlete is under 18)	
	furiant has family languages.		so and nallou number.	

Students Name					_ BI	irth Date	<del></del>		
Height Weight_		% Body Fat (optional)			Pulse	BP			
Vision R 20/	_ L 20/		Corrected:	Y	N	Pupils:	Equal	Unequal	
Follow-Up Quastions on More Sanalf  1. Do you feel stressed out or under a le  2. Do you seel safe?  3. Do you feel safe?  4. Have you ever tried clgarette smoking  5. During the past 30 days, did you use  6. During the past 30 days, have you he  7. Have you ever taken steroid pills or si  8. Have you ever taken any supplement  9. Questions from the Youth Risk Behav  Notes:	ot of pressure? that you stop doling, even 1 or 2 pu chewing tobacco id at least 1 drink hols without a do is to help you gall	ng some of your u fis? Do you curre , snuff, or dip? of alcohol? ctor's prescription n or lose weight o	ntly smoke? ;? r Improve your performan	c <b>e?</b>		rotected sex, dom	estic violence, drugs,	etc.	
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Signature of Physician: