

GRIMSLEY HIGH SCHOOL PRE-PARTICIPATION PHYSICAL EXAMINATION

This form should be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the athlete has developed any condition that would make it unsafe to participate in an athletic event.

Athlete's Name: _____ Date of Birth: ___ / ___ / ___ Age: _____ Sex: _____

Academic Year: _____ Grade: _____ Social Security #: _____ - _____ - _____

Sports: _____

Address: _____ Phone: () _____ - _____

Father: _____ Work Phone: () _____ - _____ Home Phone: () _____ - _____

Mother: _____ Work Phone: () _____ - _____ Home Phone: () _____ - _____

Athlete/Parent: Carefully read each question together and mark the appropriate response for ALL questions. Explain YES answers on the lines provided below.

Physician: We recommend reviewing each question with the athlete to ensure accuracy of responses

1. Have you had a medical illness or injury since your last sports physical?	YES	NO	15. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have you ever been knocked out?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have you ever lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently taking prescription or non-prescription medications, supplements or an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had chest pain during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	23. Do you have trouble breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has any relative died of heart problems or sudden death before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you wear contact lenses or glasses?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had a severe viral infection (ex. myocarditis or mononucleosis?)	<input type="checkbox"/>	<input type="checkbox"/>	26. Do you use any special or corrective devices not usually used for your sport or position (orthotics, braces etc)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	27. Are you missing any paired organ (explain)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have any current skin problems (itching, rashes, acne, warts, fungus or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you even had a sprain/strain that made you miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
			29. Have you had a fracture/broken bone?	<input type="checkbox"/>	<input type="checkbox"/>
			30. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
			31. Do you lose weight regularly for your sport?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any and all **YES** answers here: _____

ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE STATEMENT

As the parents or legal guardian of this student-athlete, we/I understand that there is a risk of injury in athletic participation. We understand that the student-athlete will be under the supervision and direction of a Guilford County Schools athletic coach. We agree to follow the rules of the sport and the instruction of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach or the Guilford County School System can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that may occur from participation in athletics.

I/We also give permission for this student-athlete to participate in interscholastic athletics at Grimsley High School.

Parent/Guardian (Print) _____ Parent/Guardian (sign) _____ Date: _____