LAKELAND COMMUNITY COLLEGE
PREPARTICIAPTION PHYSICAL EXAM

NAME _____

DATE OF BIRTH _____

SPORT _____

	YES	NO
Have you ever had a rash develop during or after exercise?	_____	_____
Have you ever passed out during or after exercise?	_____	_____
Have you ever been dizzy during or after exercise?	_____	_____
Do you get tired more quickly than your friends do during exercise?	_____	_____
Have you ever had racing of your heart or skipped heartbeats?	_____	_____
Have you had high blood pressure or high cholesterol?	_____	_____
Have you ever been told you have a heart murmur?	_____	_____
Has any family member/relative ever died of heart problems or of sudden death before age 50?	_____	_____
Is there a family history of heart problems in a close relative younger than age 50? (i.e. enlarged heart, cardiomyopathy, long QT interval, abnormal EKG, abnormal heart rhythm)	_____	_____
Have you ever had a severe heart infection? (i.e. myocarditis or pericarditis)	_____	_____
Is there a family history of Marfan's syndrome?	_____	_____
Has a physician ever denied/restricted your participation in sports for any heart problems?	_____	_____
Have you ever had discomfort, pain, or pressure in your chest during exercise?	_____	_____
Has a physician ever ordered a test for your heart? (i.e. ECG, echocardiogram)	_____	_____

If checked yes to any question, please explain:_____

_____

_____

Have you ever had a head injury or concussion?	_____	_____
Have you ever been knocked out, unconscious, or lost your memory?	_____	_____
Do you have severe or frequent headaches or develop headaches with exercise?	_____	_____
Have you ever had an x-ray for or been told you have an atlantoaxial (neck) instability?	_____	_____
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
Have you ever been unable to move your arms or legs after being hit or falling?	_____	_____
Have you ever had a seizure?	_____	_____
Are you epileptic?	_____	_____

If checked yes to any question, please explain: _____

_____

_____

Have you ever become ill or have severe cramps from exercising in the heat?	_____	_____

If yes please explain: _____

Do you cough, wheeze, or have trouble breathing during or after exercise?	_____	_____
Do you have asthma?	_____	_____
Do you use an inhaler?	_____	_____
Do you have seasonal allergies that require medical treatment?	_____	_____

If yes please explain: _____

_____

	YES	NO
Do you think you are in good health?	_____	_____
Have you had a medical illness/injury since your last sports physical?	_____	_____
Do you have an ongoing chronic illness? (i.e.diabetes)	_____	_____
Have you had a severe viral infection within the last month? (i.e.mononucleosis)	_____	_____
Has a doctor ever told you or someone in your family has the sickle cell trait/disease?	_____	_____

If yes to any question, please explain: _____

_____

_____

Have you ever been hospitalized overnight?	_____	_____
Have you ever had surgery?	_____	_____
Are you currently taking any prescription or over the counter medications?	_____	_____
Have you ever taken any supplements to help you gain/lose weight or improve performance?	_____	_____
Are you trying to gain or lose weight?	_____	_____
Are you happy with your current weight?	_____	_____
Do you limit/carefully control what you eat?	_____	_____
Has anyone recommended you change your weight or eating habits?	_____	_____

If yes to any question, please explain: _____

_____

_____

Have you ever fractured/broken any bones or dislocated any joints?	_____	_____
Have you ever had a sprain, strain, or any other injury to muscle, tendon, bone, joint, or cartilage?	_____	_____

If yes, please explain: _____

_____

_____

_____

_____

Do you have any allergies? (i.e pollen, medications, food, insect sting)	_____	_____
Do you have any current skin problems?	_____	_____
Do you use any special protective/correctional equipment/devices not usually used for your sport? (i.e braces, orthotics, oral retainer, hearing aid)	_____	_____
Do you feel stressed out?	_____	_____

If yes, please explain:_____

_____

Were you born without or are you missing a kidney, eye, testicle, or any other organ?	_____	_____
Has a doctor ever denied/restricted your participation in sports for any reason?	_____	_____
Do you have any other concerns that you would like to discuss with a doctor?	_____	_____

If yes to any question, please explain: _____

_____

_____

FEMALES_ONLY:

When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from the start of one period to the start of the next? _____

How many periods did you have last year? _____

What was the longest time between periods last year? _____

PHYSICAL EXAMINATION **Date of exam_____**

Student's Name _____ Birth Date _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision R _____ L _____ Corrected? Y N Equal _____ Unequal _____

MUSCULOSKELETAL

	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder/Upper Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Lower Leg/Ankle			
Foot			

MEDICAL

	Normal	Abnormal Findings
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (Males Only)		
Skin		

CLEARANCE

_____ **CLEARED**

_____ **Cleared after completing evaluation/rehabilitation for:** _____

_____

_____

_____ **NOT CLEARED** **Reason:** _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities **(Note exceptions above).**

_____

Physician's Name & Address (Stamp or Print)

If the physician's assistant (P.A.) or Advanced Nurse Practitioner performed the exam, name & address of collaborating physician or physician group.

_____

Examiner's Signature & Date

_____

Examiner's Telephone Number