

## The Pennsylvania State University Preparticipation Physical Evaluation

HISTORY FORM

Semestic (circle one) 1 2 3 4 5 6 7 8 9 10 Sport(s)  Relationship Personal Physician In case of emergency, contact:  Name Relationship Phone (4)  Explain "yes" answers below.  Circle questions you don't know the answer to.  In case of emergency, contact:  Vex No Phone (4)  Yes No Phone (4)  Yes No Phone (5)  In discrepancy or derived or restricted Yes No Phone (6)  Yes No Phone (6)  Yes No Phone (7)  Yes No Phone (8)  Yes No Phone (9)  Yes	Name								-							
Personal Physician   Incase of emergency, contact:  Name	Seme	ster (d	circle c	one) 1 2 3	3 4 5 6	7 8 9	10 Sport	(s)								
In case of emergency, contact:																
In case of emergency, contact:   Relationship   Phone(H)	Stude	nt I.D.	. No							Phone						
Name   Sectionship   Phone(th)   (W)	Persor	nal Ph	nysicia	n												
Specials "yes" answers below.	n cas	se of e	emerge	ency, con	tact:											
Appliant was below.  If ed Exam:    1. Has a doctor ever denied a restricted you purplicipation in port for any reason?   24. De you provide an interfer or before administration of the provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of both and interfer or before a many provided in the port of	Name	·						Relat	tionship	p		Pho	one(H)	(W)		
Aspections you don't know the answer to.  If e of Exam:    1. Hot a doctor ever denied or restricted your perilicipation in poof for any ressor?   25. Is there anyone in your family who has estimated   25. Is there anyone in your family who has estimated   26. Is there anyone in your family who has estimated   26. Is there anyone in your family who has estimated   26. Is there anyone in your family have any source of a single part of the poor of the control of the poor of								1								
the of Exam:    The second of	•										0.4	Da a a b b a a a		la va adhi in a	Yes	No
Section   Sect	Circle questions you don't know the answer to.									24.	during or after exercise	e?				
28. Hove you sere used on inhelier or telementary medicined your participation in sport for any research	e of F	=vam·									25.	Is there anyone in you	r family who has as	sthma?		
1. Has a doctor ever defined or restricted your perficience in sort for any reason?         2. De you have an onaging medical condition	e oi L	_xam.						<b>V</b> -		NI -	26.	Have you ever used a	n inhaler or taken o	asthma medicine?		
your porticipation in sport for any reason?    De you have an any any medical condition	1.	Has a	doctor e	ever denied	or restricte	ed					27.			g a kidney,	П	
Bite diabetes or authmatify									]		28.			(mono)		
Skin problems 8    Advancement y larger problems 8						condition			]		20			or other		
Do you have altergies to medicines, pollens, foods, or stinging insects?							s or nills?	Г	1	П	27.	skin problems?		or omer 		
5. Have you ever had on ready passed out or neady passed out DNRNING exercise?  6. Have you ever had discomfort, pain or pressure in AFIE exercise?  7. Have you ever had discomfort, pain or pressure in you chest fold discomfort, pain or pressure in you chest during exercise?  8. Does you heart face or skip beats during exercise?  9. Ilia a doctor ever to do you that you have (head and been confused in you chest during exercise?  9. Ilia a doctor ever to do you that you have (head and pix)?  10. High choisesterol has heart infection has a doctor ever andered a feet for you heart?  11. Has anyone in your family died for no apparent reason?  12. Does anyone in your family died for no apparent reason?  13. Has any family member or relative died of heart problems or of sudden death before age 50?  14. Does anyone in your family have a heart problem?  15. Have you ever spent the night in a hospital?  16. Have you ever spent the night in a hospital?  17. Have you ever the dinger, we have a heart problem and problem for confidence in the night in a hospital?  18. Has anyone in your family have a heart problem?  19. Lose shown in your family have a heart problem?  10. Lose of the proper in your family have a heart problem?  10. Lose of the proper in your family have a heart problem?  10. Lose of the proper in your family have a heart problem?  10. Lose of the proper in your family have a heart problem?  10. Do you were protective eyewear such as goggles or a face shield?  10. Do you were protective eyewear such as goggles or a face shield?  11. Has anyone in your family have been family any dome?  12. Do you ever spent the night in a hospital?  13. Has any family member or relative died of heart problem is a procicle or gone?  14. Are you have a your family family the or some proper in your family fa	4.	Do yo	u have d	allergies to m							30.	Have you had a herpe	es skin infection?			
DURNING exercise?  A Have you very passed out or nearly passed out  AFIER exercise?  There you ever had discomfort, pain or pressure in your cless touring exercise?  B. Does you ever had discomfort, pain or pressure in your cless touring exercise?  B. Does you have head discomfort, pain or pressure in your cless touring exercise?  B. Does you have head discomfort, pain or pressure in your cless touring exercise?  Check off that apply)  High blood pressure  A heart murmur  High cholesterol  A heart murmur  High cholesterol  A heart murmur  High cholesterol  A heart intercion  B. Have you ever had on you have severe  High cholesterol  A heart murmur  High cholesterol  A heart murmur  B. Have you have severe  High problems of exercised a last for your heart?  For exemple, ECG, echocardiagram)  The same of exercised problems with your eyes an vision?  The same of exercised problems with your eyes an vision?  The same your family have a heart problems?  The same your family have a heart problems?  A heart murmur  Dees anyone in your family have a heart problems?  A heart pour family have a heart problems?  A heart pour family have a heart problems?  A heart you were plasses or control lenses?  A heart on the heart of your were glasses or control lenses?  A heave you were plasses or control lenses?  A heave you heave were plasses or control lenses?  A heave you were plasses or control lenses?  A hea	5	or sting	ging inse vou eve	cts? r passed out	or nearly	nassed c		<u>L</u>			31.	Have you ever had a h	head injury or cond	cussion?		
AFIER exercise?    A liver you ever had discomfort, pain or pressure in your chest during exercise?   A los you have headdaches with exercise?   A los you have you ever had numbers, ingling, or weakness in your arms or legs after being into folling?   A los you have you ever had numbers in your arms or legs after being into folling?   A los you have headdaches with exercise?   A los you have you ever had stress fracture?   A los you have severe muscle cramps or become all?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los a dactor ever addered a lest for your heart?   A los you wear plasses or contact lenses?   A los you wear plasse		DURN	IING exe	rcise?					]		32.		he head and beer	confused	п	
7. Hove you ever had discomfort, poin or pressure in your chest during exercise? 8. Does your heard race or skip beats during exercise? 9. Has a doctor ever had numbness, lingting, or weakness in your cares list betting the state tall that apply) 9. Has a doctor ever had you that you have (check all that apply) 9. Has a doctor ever had numbness, lingting, or weakness in your cares list being his for falling? 9. Has a doctor ever had you that you have (check all that apply) 9. Has a doctor ever not do you that you have ever must be to move your cares or legs offer being in the heat of you have severe muscle cramps or become it? 9. Has a doctor ever ordered a test for your heart? 10. Has anyone in your family have a heart problem? 11. Has anyone in your family have a heart problem? 12. Does anyone in your family have a heart problem? 13. Has anyone in your family have a heart problem? 14. Does anyone in your family have a heart problem? 15. Have you ever spent the night in a hospital? 16. Have you ever bad an inty, like a sprain muscle or Islander was a problem with your dead for heart problems with your dead for heart problems or disudent dead had your dead for the every spent the night in a hospital? 17. Here you ever had an inty, like a sprain muscle or Islander was a problem or facility dead for a problems with your dead on inty, like a sprain muscle or Islander was a problem or facility dead for a problem with your dead on inty, like a sprain muscle or Islander was a problem or facility dead for a problem with your dead on inty, like a sprain muscle or Islander was a problem or facility dead for a problem with your dead on inty, like a sprain muscle or Islander was a problem with your dead on the your dead on inty, like a sprain muscle or Islander was a problem with your dead on the your dead on inty, like a sprain muscle or Islander was a problem with your dead on the your					or nearly	passed c	out		]		33.		 seizure?			
8. Does your heart race or skip beats during exercise?   35. Have you ever had numbness. lingling, or weakness in your carns or legs ofter being hit or falling?   36. Have you ever had numbness. lingling, or weakness in your carns or legs ofter being hit or falling?   36. Have you ever had numbness. lingling, or weakness in your carns or legs ofter being hit or falling?   37. When exercising hit or falling?   38. Have you have severe muscle corrupts or become life of the heart of your heart?   37. When exercising hit or falling?   38. Have you do have severe muscle corrupts or become life of the heart of your heart?   38. Has a adoctroted put hat you or someone in your family has sickle cell train or side side side cell train or side side side side side side side side						•			1		34.	Do you have headach	nes with exercise?			
9. Has a doctor ever told you that you have [check all that apply]    High blood pressure   A heart murmur   3. Hove you ever being hilf or falling?   3. Hove you ever had an injury, like a sprain, muscle or gigament fear or tendinitis that caused you for the cused you have severe muscle cramps or become in your family have a control to the cover or ordered a test for your heart?   3. Has and control or sickle cell flow or someone in your family has sickle cell for its sickle cell disease?   3. Hove you have problems with your results when your family have a heart problem?   40. Do you wear glasses or contact lenses?   3. Has any family member or relative died of heart problems or of sudden deeth before age 50?   42. Are you happy with your weight?   41. Do you wear protective eyewear such as gaggles or a face shield?   42. Are you happy with your weight?   43. Are you trying to gain or lose weight?   44. Has anyyone recommended that you change your weight?   45. Hove you ever had an injury, like a sprain, muscle or ligament fear or tendinitis that caused you to miss a practice or game? If yes, circle the effects or ear below:   45. Do you limit or carefully control what you est?   46. Do you have any concerns that you would like to discuss with a doctor?   47. Hove you ever had a mentitual period?   48. How old were you when you had your first menstrual period?   49. How many periods have you had in the last year?   49. How many periods have you had no programment and period?   49. How many periods have you had no pregnant?   49. How many periods have you had on that you have or have had an x-ray for alteriorabling that you have any tone consistive device?   49. How many periods have you had in the last year?   49. How or equilibriate that, to the best of my knowledge, my answers to the above questions are complete and correct.														r weakness		
Check all that apply	9.	Has a	doctor	ever told you	that you	have						in your arms or legs aft	er being hit or fallir	ng?		
High blood pressure					,						36.			ur arms or		
High cholesterol     A heart infection   38. Hora a doctor total you that you or someone in your		□н	ligh bloc	d pressure		A heart	murmur		]		37.	When exercising in the	heat, do you have	e severe		
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiagram)		□н	ligh cho	lesterol		A heart	infection				38.			ne in your		
11. Has anyone in your family died for no apparent reason?       40. Do you wear glasses or contact lenses?	10.						ort?		1	п	20	family has sickle cell tro	ait or sickle cell dise	ease?		
12. Does anyone in your family have a heart problem?	11.	Has ar	nyone in	your family	died for n	io appare	ent reason?									
13. Has any family member or relative died of heart problems or of sudden death before age 50?  14. Does anyone in your family have Marfan syndrome?  15. Have you ever spent the night in a hospital?  16. Have you ever had surgery?  17. Have you ever had an injury, like a sprain, muscle or ligament fear or tendinish that caused you to miss a practice or game? If yes, circle the affected area below:  18. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes circle below:  19. Have you been told that you have or have had on x-ray for altantovaid linek; list boility?  20. Have you been told that you have or have had on x-ray for altantovaid linek; list boility?  21. Have you uever had a stress fracture?  22. Do you regularly we a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  14. Has anyone recommended that you change your weight?  24. Has anyone recommended that you change your weight?  25. Do you limit or carefully control what you change your weight?  26. Do you have any concerns that you would like to discuss with a doctor?  27. Have you ever had a menstrual period?  28. How old were you when you had your first menstrual period?  29. How many periods have you had in the last year?  20. How you ever had a stress fracture?  21. Have you ever had a stress fracture?  22. Do you regularly we a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  24. Has anyone recommended that you have anyour weight?  25. Do you have any concerns that you would like to discuss with a doctor?  26. Do you have any concerns that you would like to discuss with a doctor?  27. Have you been told that you have or have had on the finite of the finite of the finite of the fin	12.	Does	anyone	in your family	y have a h	heart pro	blem?									
14. Does anyone in your family have Marfan syndrome?	13.	Has ar	ny family	member or	relative c	died of he	art				41.		e eyewear such as	s goggles		
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16. Have you ever had surgery?									]		43.	Are you trying to gain	or lose weight?		П	
17. 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 the affected area below:    18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:   19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes circle below:    Head				•	•	nospital?			]		44.		ended that you cho	ange your weight		
17. Have you ever had an injury, like a sprain, muscle or ligament fear or tendinitis that caused you to miss a practice or game? If yes, circle the affected area below:	16.	Have	you eve	r had surger	λś				]		45.		v control what you	eat?		
practice or game? If yes, circle the affected area below:	17.															
or dislocated joints? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes circle below:  Head Neck Shoulder Upper Elbow Forearm Hand/ Fingers  Upper Lower Hip Thigh Knee Calf/shin Ankle Foot/toes Back Back Back  20. Have you ever had a stress fracture?  21. Have you been told that you have or have had an x-ray for atlantoaxial (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		practi	ice or go	ame? If yes,	circle the	affected	l area below	/:	]			with a doctor?	,			
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes circle below:  Head Neck Shoulder Upper Arm Fingers Fingers  Upper Lower Back Back Back 20. Have you ever had a stress fracture?  21. Have you been told that you have or have had an x-ray for atlantoxical (neck) instability?  22. Do you regularly use a brace or assistive device?  14. Have you ever had a menstrual period?  48. How old were you when you had your first menstrual period?  49. How many periods have you had in the last year?  50. Do you think you might be pregnant?  Explain "Yes" answers here  21. Have you been told that you have or have had an x-ray for atlantoxical (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	18.						S,		]		FEN	ALES ONLY				
therapy, a brace, a cast, or crutches? If yes circle below:  Head Neck Shoulder Upper Elbow Forearm Hand/ Chest Fingers  Upper Lower Back Back Back Back Back Back Back Back	19.	Have	you had	l a bone or j	oint injury	that requ					47.	Have you ever had a r	menstrual period?			
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Upper Lower Hip Thigh Knee Calf/shin Ankle Foot/toes  20. Have you ever had a stress fracture?  21. Have you been told that you have or have had an x-ray for atlantoaxial (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	Head										49.	How many periods have	,	,		
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21. Have you been told that you have or have had an x-ray for atlantoaxial (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.				r had a stres	s fracture	Ś										
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	23.			ever told you	that you	have ast	thma 		]							
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Signature of athlete Signature of parent/guardian Date	I h	ereby	y state	e that, to i	ine bes	st of my	/ Knowled	age, my	answ	ers to	the a	above questions a	are complete	and correct.		
1. Signature of athlete Signature of parent/guardian Date	٠.									,						
ognation of parenty goardian.	Sigr	nature	e of atl	nlete				Sig	nature	ot pa	rent/g	guardian		Date		

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