

Middleborough Public Schools

Evaluation for Participation in Sports

Pre-Participation Health Examination Record

Last Name	First Name	Middle Initial	School	Grade
Age _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Date	Signature of Student
------	----------------------

Parent's or Guardian's Permission and Release

I hereby give my consent for the above-named student to represent his or her school in athletic activities except those indicated on this form by the examining physician, provided that such athletic activities are approved by the State Association. I also give my consent for the student to accompany the school team on any of its local or out-of-town trips.

The _____ Board of Education has no responsibility to provide first aid at any of the games and the parent or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, then the parents do hereby release and forever discharge such persons and the _____ Board of Education from any liability arising out of any first aid or immediate treatment of injuries.

Typed or Printed Name of Parent or Guardian	Signature of Parent or Guardian	
Address	Phone	Date

Health History (To be completed by student and parents prior to examination)

- | Yes | No | Has this student had any: | Yes | No | Is there any history of: |
|------------------------------|--------------------------|---|------------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurrent illness? | 16. <input type="checkbox"/> | <input type="checkbox"/> | Injuries requiring MD treatment? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Illness lasting over 1 week? | 17. <input type="checkbox"/> | <input type="checkbox"/> | Neck injury? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Hospitalizations? | 18. <input type="checkbox"/> | <input type="checkbox"/> | Knee injury? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Surgery other than tonsillectomy? | 19. <input type="checkbox"/> | <input type="checkbox"/> | Knee surgery? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Missing organs (eye, kidney, testicle)? | 20. <input type="checkbox"/> | <input type="checkbox"/> | Ankle injury? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Allergy to any medication? | 21. <input type="checkbox"/> | <input type="checkbox"/> | Other serious joint injury? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Problems with heart or blood pressure? | 22. <input type="checkbox"/> | <input type="checkbox"/> | Broken bones (fractures)? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Chest pain with exercise? | | | |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting with exercise? | Yes | No | Further history: |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Dizziness, fainting, frequent headaches, or convulsions? | 23. <input type="checkbox"/> | <input type="checkbox"/> | Is there any reason why this student should not participate in sports? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Concussion or unconsciousness? | 24. <input type="checkbox"/> | <input type="checkbox"/> | Has any family member died suddenly at less than 40 years of age of causes other than an accident? |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion, heatstroke, or other problems with heat? | 25. <input type="checkbox"/> | <input type="checkbox"/> | Has any family member had a heart attack at less than 55 years of age? |
| | | | | | |
| Yes | No | Does this student: | | | |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Wear eyeglasses or contact lenses? | | | |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Wear dental bridges, braces, plates? | | | |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Take any medication? | | | |

Date of last known tetanus (lockjaw) shot: _____

Use this space to **explain** any of the **above numbered YES answers** or to provide any additional information:

Physical Examination

Date _____

(check one)

Height

Vision: Right /

Normal without corrective lens

Weight

with corrective lens

Pulse rate

Left /

Abnormal without corrective lens

Blood pressure /

with corrective lens

	Normal	Abnormal	Not Examined	Comments	Examiner
1. Eyes					
2. Ears, nose, throat					
3. Mouth and teeth					
4. Neck (soft tissue)					
5. Cardiovascular					
6. Chest and lungs					
7. Abdomen					
8. Genitalia-hernia					
9. Sexual maturity					
10. Skin and lymphatics					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms and hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation Recommendations

- No history or physical findings on this exam would prohibit this student from participating in competitive sports: _____
 - This student should have the following health problems evaluated or treated before participation recommendations can be made: _____
 - This student has health problems that prohibit him or her from participating in the requested sports: _____
- however*, this student can participate in the following requested sports: _____

Physician