

Lurleen B. Wallace Community College

Athletic Pre-Participation Physical Examination

Name: _____ Sex: _____ DOB: _____
(First) (MI) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

Circle the correct answer. Explain "YES" answers below

1. Have you ever been hospitalized?..... YES NO
2. Have you ever had surgery?..... YES NO
3. Are you presently taking any medications or pills?..... YES NO
4. Have you ever passed out during or after exercise?..... YES NO
5. Have you ever been dizzy during or after exercise?..... YES NO
6. Do you tire more quickly than your friends during exercise?..... YES NO
7. Have you ever had high blood pressure?..... YES NO
8. Have you ever been told that you have a heart murmur?..... YES NO
9. Have you ever had a racing of your heart or skipped heartbeats?..... YES NO
10. Has anyone in your family died of heart problems or a sudden death before age 50?..... YES NO
11. Do you have any skin problems (itching, rashes)?..... YES NO
12. Have you ever had a head injury?..... YES NO
13. Have you ever been knocked unconscious?..... YES NO
14. Have you ever had a seizure?..... YES NO
15. Have you ever had a stinger, burner, or pinched nerve?..... YES NO
16. Have you ever had heat or muscle cramps?..... YES NO
17. Have you ever been dizzy or passed out in the heat?..... YES NO
18. Do you have trouble breathing or do you cough during exercise?..... YES NO
19. Do you use any special equipment (pads, mouth guards, eye guards, braces, etc...)?..... YES NO
20. Have you had any problems with your eyes or vision?..... YES NO
21. Do you wear glasses or contacts or protective eye wear?..... YES NO
22. Have you had any other medical problems (infectious mononucleosis, diabetes, etc...)?..... YES NO
23. Have you had a medical problem or injury since your last physical?..... YES NO
24. Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling of any bones or joints?
***IF YES**, please list part(s) of body: _____

25. (Females) When was your first menstrual period? _____ Last menstrual period? _____

Explanations for YES answers:

*I HEARBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Signature of Athlete

Date

Signature of Parent/Guardian
(*REQUIRED If athlete is under age of 18)

Date