TMA/TSSAA Preparticipation Medical Evaluation Form

Personal History

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>DOB</th>
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<tbody>
<tr>
<td>Grade</td>
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<tr>
<td>Sport(s)</td>
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<tr>
<td>School</td>
<td></td>
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<table>
<thead>
<tr>
<th>Personal Physician(s)</th>
<th>Address</th>
<th>Telephone</th>
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Have you ever had a preparticipation physical before?  yes  no  If so, when/where?  

Please explain "yes answers" below:

1. Have you ever been hospitalized?  
   Have you ever had surgery?  
2. Are you presently taking any medications or pills?  
3. Do you have any allergies (medicine, bees or other stinging insects)?  
4. Have you ever passed out during exercise?  
   Have you ever been dizzy during or after exercise?  
   Have you ever had chest pain during or after exercise?  
   Do you tire more quickly than your friends during exercise?  
   Have you ever had high blood pressure?  
   Have you ever been told that you have a heart murmur?  
   Have you ever had a racing of your heart or skipped heartbeats?  
   Has anyone in your family died or heart problems or a sudden death before the age of 50?  
5. Do you have any skin problems (itching, rashes, acne)?  
6. Have you ever had a head injury?  
   Have you ever been knocked out or unconscious?  
   Have you ever had a seizure?  
   Have you ever had a stinger, burnout or pinched nerve?  
7. Have you ever had heat or muscle cramps?  
   Have you ever been dizzy or passed out in the heat?  
8. Do you have trouble breathing or do you cough during or after activities?  
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?  
10. Have you had any problems with your eyes or vision?  
    Do you wear glasses or contacts or protective eye wear?  
11. Have you ever sprained/strained, dislocated, factured broken or had repeated swelling of any bones or joints?  
    Head  Shoulder  Thigh  Neck  Elbow  Knee  Chest  Forearm  Shin/calf  Back  Wrist  Ankle  Hip  Hand  Foot  
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?  
13. Have you had a medical problem since you last evaluation?  
14. When was your last tetanus shot?  
    When was your last measles immunization?  
15. When was your first menstrual period?  
    What was the longest time between your periods last year?  

Please explain "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete  Signature of parent/guardian  Date

Signature of Coach  School
### General Physical Examination

**Examiner**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal Findings</th>
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</thead>
<tbody>
<tr>
<td>Height</td>
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</tr>
<tr>
<td>Weight</td>
<td></td>
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<tr>
<td>BP /</td>
<td></td>
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<tr>
<td>Pulse</td>
<td></td>
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<tr>
<td>Vision</td>
<td>R 20/</td>
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<tr>
<td>Pupils</td>
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</table>

### Musculoskeletal Examination

**Examiner**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal Findings</th>
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</thead>
<tbody>
<tr>
<td>Neck/Back</td>
<td></td>
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<tr>
<td>Upper Extremities</td>
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<tr>
<td>Lower Extremities</td>
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<tr>
<td>Flexibility</td>
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</table>

### Optional Lab

- Urine Sugar
- Urine Protein
- Urine Hematest

### Official Recommendation

A. This athlete  ❑ may  ❑ may not  compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow up on the following is recommended:

C. Recommend further consultation with ________________________________

Signature of physician ________________________________ Date __________

*Optional: Include in this area TSSAA directions or protocol for completing form*