MHSA Preparticipation Examination

To be completed by athlete or parent

Name ______________________ Sport/Position __________
Last First Middle

Social Security Number ______________________

School Year __________
Address ______________________
City/State ______________________ Phone No. __________
Birthdate __________ Age______ Class______ Student ID No. __________
Parent's Name ______________________
Address ______________________
Phone No. __________
Person to contact in case of emergency ______________________
Phone No. __________
Family Doctor __________ City/State __________
Phone No. __________

Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)	____	____	
2. Allergic to medicine, foods, bee stings?	____	____	
3. Wears any appliances—glasses, contact lenses?	____	____	
4. History of braces, chipped teeth, bridges?	____	____	
5. Has ongoing medical problem?	____	____	
6. Had serious or significant illness in past?	____	____	
7. Any past surgical operations, accidents, non-sports or related injuries?	____	____	
8. Any past injuries directly related to sports?	____	____	
9. Any hospitalization not explained above?	____	____	
10. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	____	____	
11. Any serious family illness (such as diabetes, bleeding disorders, heart attack before age 50, etc.)?	____	____	
12. Any fainting or dizziness while exercising?	____	____	
13. Any loss of consciousness, concussion, or head injury?	____	____	

14.
	Date
a. Last tetanus shot	____
b. Last dental examination	____
c. Last eye examination	____
d. Last menstrual period (if woman)	____

Personal habits	Yes	No
1. Smoking	____	____
2. Smokeless tobacco	____	____
3. Alcohol	____	____
4. Non-Medical drugs: marijuana, cocaine, etc.	____	____
5. Steroids	____	____
6. Eating disorders—weight loss or gain	____	____

Review of systems (Please check if you have any problems with any of the following areas of your body)

____ Skin	____ Lungs	____ Shoulders, Arms, Hands
____ Head	____ Heart	____ Hips, Legs, Feet
____ Eyes	____ Abdomen	____ Muscles—Strength, Feeling
____ Ears	____ Back	____ Mental, Emotional
____ Nose	____ Urination, Bowel Control	____ Fatigue
____ Mouth/Throat	____ Genital (including menstrual for women)	____ Other: What?
____ Nutrition, Weight Control		____
____ Neck		

I certify that the above information is correct to the best of my knowledge.

Student Signature ______________________

Parent/Guardian Signature ______________________

Both Student And Parent/Guardian Signatures Are Mandatory

Physical Examination

Height __________ Weight __________ Blood Pressure __________
Pulse: resting __________ 15 hops __________ after 2 minutes __________
Visual Acuity: Eyes (R) 20/______ w/o glasses ______ (L) 20/______ w/ glasses ______

Other Testing	Normal	Abnormal Findings
1. General	____	____
2. Skin	____	____
3. HEENT	____	____
4. Teeth (Dental examination)	____	____
5. Neck	____	____
6. Lungs	____	____
7. Heart	____	____
8. Breasts	____	____
9. Abdomen	____	____
10. Genitalia (Hernia)	____	____
Tanner Stage (optional)	____	____
11. Back	____	____
12. Musculoskeletal	____	____
Neck	____	____
Shoulder	____	____
Elbow	____	____
Wrist	____	____
Hand	____	____
Back	____	____
Knee	____	____
Ankle	____	____
Foot	____	____
13. Peripheral Pulses	____	____
14. Neurologic	____	____
15. Mental Status	____	____

Other Tests (optional)

________ Auditory	________ U/A	________ EKG
________ % Body Fat	________ Drug Screen	________ Chest X-Ray
________ Hgb/Hct	________ SMAC	________ Marfan Screen

Assessment

1. **Clearance without limitation?** Sports ____________________
2. **Clearance deferred** Reason ____________________
3. **Clearance with limitation?** Limitation ____________________
4. **Disqualification** Reason ____________________

Examination Date ________ **Physician's Signature** ____________________

Additional Comments:

IHSA®

Illinois High School Association

STUDENT'S NAME ____________________

SCHOOL NAME ____________________