

**MAGNOLIA PUBLIC SCHOOLS**  
**2021 – 2022 School Year**  
**PRE-PARTICIPATION PHYSICAL EXAMINATION FORM**

Name (PRINT): \_\_\_\_\_ Grade (FALL 2021): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M/F): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_/\_\_\_\_ Corrected (Glasses/Contacts):  Y  N

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**The Physical Exam Form** must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted.

***SIGNIFICANT MEDICAL HISTORY***

	POSITIVE	NEGATIVE	COMMENTS
<b>Head &amp; Neck</b>			
<b>Heart</b>			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Genitals</b>			
<b>Orthopedic</b>			

***PHYSICAL EXAM***

	POSITIVE	NEGATIVE	COMMENTS
<b>Eyes/Ears/Nose/Throat</b>			
<b>Neck (Lymph Nodes)</b>			
<b>Heart</b>			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Hernia (males only)</b>			
<b>Orthopedic</b>			

POSITIVE FINDINGS (if any): \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

FOLLOW-UP: \_\_\_\_\_

***The above mentioned has been examined, and he/she is physically able to engage in competitive contests.***

\_\_\_\_\_  
(Physician/Physician Assistant/Nurse Practitioner)

\_\_\_\_\_  
(Date)

## MEDICAL HISTORY

Name (PRINT): \_\_\_\_\_ Grade (FALL 2021): \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Sport or Sports: \_\_\_\_\_

Explain "YES" answers below:

1. Have you ever been hospitalized? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Are you presently taking any medications or pills? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Do you have any allergies (medicine, bees, or other stinging insects)? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Have you ever passed out during or after exercise? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. Have you ever had chest pains during or after exercise? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Have you ever had high blood pressure? \_\_\_\_\_ YES \_\_\_\_\_ NO
7. Have you ever been told you have a heart murmur? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. Have you ever had racing of your heart or skipping heart beats? \_\_\_\_\_ YES \_\_\_\_\_ NO
9. Has anyone in your family died of heart problems or sudden death before age 50? \_\_\_\_\_ YES \_\_\_\_\_ NO
10. Have you ever had a head injury? \_\_\_\_\_ YES \_\_\_\_\_ NO
11. Have you ever been knocked out or unconscious? \_\_\_\_\_ YES \_\_\_\_\_ NO
12. Have you ever had a seizure? \_\_\_\_\_ YES \_\_\_\_\_ NO
13. Have you ever had heat related muscle cramps? \_\_\_\_\_ YES \_\_\_\_\_ NO
14. Have you ever been dizzy or passed out due to heat related problems? \_\_\_\_\_ YES \_\_\_\_\_ NO
15. Do you wear glasses or contacts? \_\_\_\_\_ YES \_\_\_\_\_ NO
16. Have you ever sprained/strained, dislocated, fractured, or had repeated swelling or other injuries of any bones or joints? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_ Chest \_\_\_\_\_ Shoulder \_\_\_\_\_ Elbow \_\_\_\_\_ Forearm \_\_\_\_\_ Wrist \_\_\_\_\_ Hand  
\_\_\_\_\_ Back \_\_\_\_\_ Hip \_\_\_\_\_ Thigh \_\_\_\_\_ Knee \_\_\_\_\_ Shin/Calf \_\_\_\_\_ Ankle \_\_\_\_\_ Foot

17. Have you had any other medical problems (infectious mononucleosis, diabetes, etc)? \_\_\_\_\_ YES \_\_\_\_\_ NO
18. Are you currently under a doctor's care? \_\_\_\_\_ YES \_\_\_\_\_ NO
19. Are you missing any paired organs? \_\_\_\_\_ YES \_\_\_\_\_ NO
20. When was your last tetanus shot? \_\_\_\_\_

(FEMALES ONLY)

21. When was your first menstrual period? \_\_\_\_\_
22. When was your last menstrual period? \_\_\_\_\_
23. What was the longest time between your periods last year? \_\_\_\_\_

Explain "YES" answers: \_\_\_\_\_

I know that unanticipated and unexpected dangers may arise during competitive athletics, and I assume all risks of injury to my child. I also assume any risk in relation to the physical examination undertaken to allow me to engage in competitive athletics, and understand that such physicals may not show possibilities for dangers that may arise during competitive athletics. I agree and assume that risk, discharge, and hold harmless Magnolia Regional Medical Center and all persons taking part in administering the athletic pre-participation physical examinations.

I also grant permission for the release of medical information contained on this form as well as the pre-participation physical examination to the proper school personnel including the Athletic Trainer, Coaches, and School Nurses.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_