Sport_____
Male or Female_____

PHYSICAL SCREENING

This screening physical exam is for the purpose of participation in interscholastic athletics in the Hemet Unified School District. This physical exam is a confidential document. Please answer medical history questions accurately.

Name_____Birthdate_____Social Security_____

Address_____Home Phone_____

_____Emergency Phone_____

City State Zip

Explain ALL "YES" answers below.

		Yes	No			Yes	No
1.	Have you had a medical illness or injury since your last sports physical?			25.	Do you cough, wheeze, or have trouble breathing during or after activity?		
2.	Do you have an ongoing illness?			26.	Do you have asthma?		
3.	Have you ever been hospitalized overnight?			27.	Do you have seasonal allergies that require treatment?		
4.	Have you ever had surgery?			28.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?		
5.	Are you currently taking prescription or over the counter medications or using an inhaler?			29.	Have you had any problems with your eyes or vision?		
6.	Have you ever taken supplements or vitamins to help you gain or lose weight or improve your performance?			30.	Have you ever had a sprain, strain, or swelling after injury?		
7.	Do you have any allergies? If yes, to what?			31.	Have you broken or fractured any bones or dislocated any joints?		
8.	Have you ever had a rash or hives develop during or after exercise?			32.	Have you have any other problems with pain or swelling in muscles, tendons, bones, or joints?		
9.	Have you ever passed out during exercise?			***	If YES #30-32, circle appropriate location and explain below. Head, Neck, Back, Chest, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger, Hip, Thigh, Knee, Shin/Calf, Ankle, Foot		
10.	Have you ever been dizzy during or after exercise?						
11.	Have you ever had chest pain during or after exercise?			33.	Do you want to weigh more or less than you do now?		
12.	Have you ever had racing of your heart or skipped beats?			34.	Do you loose weight regularly to meet weight requirements for your sport?		
13.	Have you ever had high blood pressure or high cholesterol?			35.	Record the dates or your most recent immunizations for: Tetanus: Measles: Hepatitis B: Chickenpox:		
14.	Have you ever been told you have a heart murmur?			**Explain ALL "YES" answers here: Include date where applicable**			
15.	Has any family member died of heart problems or of sudden death before the age of 50?						
16.	Have you had a severe viral infection (for example mononucleosis or myocarditis) within the last month?						
17.	Has a physician ever denied or restricted your participation in sports for any heart problems?						
18.	Do you have any current skin problems?				**FEMALE ATHLETES ONLY**		
19.	Have you ever had a head injury or concussion? If yes, how many and date.			36.	When was your first menstrual period?		
20.	Have you ever had a seizure?			37.	When was your most recent menstrual period?		
21.	Do you have frequent or severe headaches?			38.	How much time do you usually have from the start of one period to the start of another?		
22.	Have you ever had numbness or tingling in your arms, hands, legs or feet?			39.	How many periods have you had in the last year?		
23.	Have you ever had a burner or stinger, or pinched nerve?			40.	What was the longest time between periods in the last year?		
24.	Have you ever become ill from exercising in the heat?			41.	Are you currently pregnant?		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct, and grant permission for my son/daughter to participate in the screening.

Signature of Parent/Guardian_____ Date_____