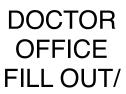
FRESNO UNIFIED SCHOOL DISTRICT Pre-Participation Health Evaluation Record for Sports



SPOF	RT							
Last		First		Middle	Student ID#			
School Grade		Grade	Birt	hdate	Male/Female			
I herel exami Unifie the str assista during Schoo	by give my consent ning physician. I and d School District Budent and parent a unts, nurses, or other the course of any l District Board of I	RDIAN'S PERMISSION AND RELEASI for the above-named student to represent his or also give my consent for the student to accompa doard of Education has no responsibility to provide assume the risk of injury when they sign this for persons trained in the rendering of first aid are a such activities or travel, then the parents do he Education from any liability arising out of and first aged by the school district is not a complete physical properties.	her school it hany the school it hany the school first aid a form. However available, a creby release that or immediate the school for the sc	n competitive sports tool team on any of at any of the games ever, in the event is volunteers or othe e and forever dischanged	s except those indicated on this form by the its local or out-of-town trips. The Fresno and the parent or guardian understands that physicians, physical therapists, physicians rwise, and render aid to any student injured harge such persons and the Fresno Unified finjuries.			
	the student's safety ersonnel physician.	in sports participation. This evaluation should n	ot be used a	s a substitute for reg	gular health maintenance examinations with			
Printe	ed Name of Paren	t/Guardian		Signature				
Addre	ess	City, Zip		Phone Number	er Date			
		PLEASE CIRCLE YES OR NO FOL	R THE FO	LLOWING QUI	ESTIONS:			
1.	YES / NO	Chronic or recurrent illness? (Asthma, diabetes, hepatitis, kidney disease, mononucleosis, tuberculosis,	14.	YES / NO	Does this student wear a hearing aid?			
2.	YES / NO	rheumatic fever) Hospitalization?	15.	YES / NO	Does this student wear dental bridges, braces, plates?			
3.	YES / NO	Surgery other than tonsillectomy?	16.	YES / NO	Does this student take medication on a routine or daily basis? Use inhaler?			
4.	YES / NO	Missing organs (eye, kidney, testicle?)	<u>IS TE</u>	THERE ANY HISTORY OF				
5.	YES / NO	Allergy to any medications?	17.	YES / NO	Injuries requiring MD treatment?			
6.	YES / NO	Problems with heart, heart murmur, or blood pressure?	18.	YES / NO	Neck injury?			
7.	YES / NO	Chest pain with exercise?	19.	YES / NO	Knee injury?			
8.	YES / NO	Dizziness or fainting with	20.	YES / NO	Ankle injury?			
		exercise?	21.	YES / NO	Other serious joint injury? Dislocations?			
9.	YES / NO	Dizziness, fainting, frequent headaches, or convulsions?	22.	YES / NO	Broken bones (fractures)? Serious sprains?			
10.	YES / NO	Concussion or unconscious?	23.	YES / NO	Use any special pads or braces?			
11.	YES / NO	Heat exhaustion, heatstroke, or other problems with heart?	FOR FEMALES:					
12.	YES / NO	Skin problems?	At what age did you experience your first menstrual period? In the last year, what is the longest time you have					
13.	YES / NO	Does this student wear eyeglasses	gone between periods??					

contacts?

FRESNO UNIFIED SCHOOL DISTRICT Pre-Participation Health Evaluation Record for Sports



SPORT	Γ							
Last	First				Middle	Student ID#		
School	chool		Grade	Birthdate		Male/Female		
24.	YES / NO	Is there any reason should not participa	why this student		YES / NO	Has any family member had a heart attack at less than 55 years of age?		
25.	YES / NO Has any family member died suddenly at less than 40 years of age?				age:			
Use the	e space below to pro	vide any additional	information or expl	anation of the a	bove number	ed questions.		
Date of	f last tetanus shot		Current fam	ily physician				
Height Weight		Vision Righ Vision Left	Right/		Normal without corrective lensWith corrective lens			
Pulse F	Rate	After exercise	Recovery ra	te satisfactory?	YES	/ NO		
Blood	Pressure		Percent of b	ody fat				
		Normal	Ab	normal	1	Comments		
Heart								
Pulses								
Lunge								
Abdo: Neck	IIIEII							
Shoul	ders							
Elboy								
Wrist								
Hands								
Back								
Knees	<u> </u>							
Ankle								
Feet								
	physical exam perti torical information	inent						
PART	This student shoul	sical finding on this d have the followin	exam would prohit g health problems e	valuated or trea	ted before pa	ting in competitive sports. rticipation recommendations can be		
	This student has h	ealth problems that	prohibit him/her fro	om participating	in the follow	ving competitive sports:		
		w-up by school nurs	se.					
Physi	cians Name (pri	int)		_Physicians	Signature			
State License Number				Address				
Phone				Date of ex	mination			