North Kitsap School District #400 Pre-participation History and Physical Examination Form

4.	Name:		Birth Date:			PHYSICAL EXA	MINATION
Sport(s): Section: Section:	Addre	ss:		Age:		Pulse:	
Sport(a):				Height:		Blood Pressure:	
PLEASE EXPLAIN ANY YES ANSWERS BELOW YES NO Have you had any illness/injury recently, or do you have an illness/injury now?	Zip:		Sport(s):				
VESS NO Mave you had any illness/injury recently, or do you have an illness/injury now?	Grade		School:	Weight:		Visual Acuity: Left 2	20/
Have you had any illness/injury recently, or do you have an illness/injury now? Have you had a medical problem, illness or injury since your last exam? 1. Head 2. Eyes (Pupils), ENT 3. Teeth			PLEASE EXPLAIN ANY YES ANSWERS BELOW!			Right 2	20/
Have you had a medical problem, illness or injury since your last exam?							
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Have you ever been hospitalized over night? Have you had any surgery other than tonsilictomy? Have you had any surgery other than tonsilictomy? Have you ever had any injuries requiring treatment by a physician? Do you have any organ missing other than tonsils (appendix, eye, kidney, etc.)? Are you presently taking ANY medications? Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? Do you time more easily or quickly than your friends during exercise? Do you have any skin problem with your blood pressure or your hearn? Have any close relatives had heart problems, heart attack, or sudden death before they were age 50? Do you have any skin problems (acne, itching ashes, etc.)? Have you ever had all prover had a sting, convulsions, setzures, or severe dizziness? Do you have frequent severe headaches? Have you ever had been "knocked out" or "passed out"? Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you ever had a horken bone (fracture)? Have you ever had a horken bone (fracture)? Have you ever had a horken bone (fracture)? Have you ever had a love than a had problem of the your ever had a love than a had been th	4.				3. Teeth		
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10. Physical Maturity	II. U						
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Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? Have you had asthma, or trouble breathing, or cough during or after exercise? Do you wear eyeglasses, contact lenses, or protective eye wear? Have you wear eyeglasses, contact lenses, or protective eye wear? Have you wear any dental appliance such as braces, bridge, plate, and retainer? Have you ever had a knee injury? Have you ever had an ankle injury? Have you ever had an ankle injury? Have you ever had a broken bone (fracture)? Have you ever had a cast, splint, or had to use crutches? Have you ever had a cast, splint, or had to use crutches? Have you ever had a broken bone (fracture)? Have you ever had a cast, splint, or had to use crutches? Have you ever had a broken bone (fracture)? Have you ever had a broken bone (fracture)? Have you ever had a broken bone (fracture)? Have you ever had a cast, splint, or had to use crutches? Have you ever had a broken bone (fracture)? Have you ever had a cast, splint, or had to use crutches? Have you ever had a cast, splint, or had to use crutches? Have you overied about your weight? Have you any medical concerns about participating in your sport? Will this physical be acceptable for High School Sports: Yes No (Circle one DATE:							n (describe limitations, restrictions)
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PARENT SIGNATURE: EXAMINER'S PRINTED NAME:	DARE	NITE CLC	NATA TRADE.	EXAM	INER'S PRINTEI) NAME:	

MEDICAL AUTHORITIES LICENSED TO GIVE PREPARTICIPATION PHYSICAL EXAMINATION: