Medical History

Sport(s): _____ ☐ 1st Year ☐ 2nd Year ☐ Redshirt Exam Date: _____ Birthdate: _____

Name: _____ ☐ Male ☐ Female ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Emergency Contact Name: _____

Relationship: _____ Telephone: Home _____ Work _____

Check Yes or No if you currently have or in the past experienced any of the following	Yes	No	Check Yes or No if you currently have or in the past experienced any of the following	Yes	No
1. Serious illness/injury since your last physical.			28. Cough, wheeze, or trouble breathing during/after exercise		
2. Ongoing chronic illness			29. Asthma		
3. Hospitalized overnight			30. Seasonal allergies requiring medical treatment		
4. Surgery			31. Wear glasses, contacts, or protective eyewear		
5. Currently using prescribed or over the counter meds or inhaler			32. Vision or eye problems		
6. Taken any supplements or vitamins to gain/lose weight or improve performance			33. Use special protective or corrective equipment, such as knee brace, neck roll, foot orthotics, tooth retainer, hearing aid		
7. Allergies, such as pollen, medicine, food, insects			34. Sprain, strain or swelling		
8. Rash or hives developing during/after exercise			35. Broken or fractured any bones or dislocated any joints		
9. Dizzy during/after exercise			36. Pain and swelling in muscles, tendons, joints, bones If yes, check appropriate box and explain below ☐ Head ☐ Elbow ☐ Hip ☐ Wrist ☐ Back ☐ Knee ☐ Chest ☐ Shoulder ☐ Finger ☐ Ankle ☐ Foot		
10. Chest pain during/after exercise					
11. Family member die of heart disease or sudden death before 50 years of age					
12. High blood pressure or high cholesterol					
13. Heart murmur					
14. Racing of heart or skipped heartbeats			38. Want to weigh less than you do now		
15. Get tired more quickly than others when exercising			39. Lose weight regularly to meet requirements for sport		
16. Severe viral infection such as mono within the last month					
17. Been denied or restricted from sport participation because of heart problems					
18. Feel stressed out			**Record dates of your most recent immunizations:**		
19. Head injury or concussion					
20. Been knocked out, unconscious, or lost your memory			Tetanus:		
21. Seizure			Measles:		
22. Frequent or severe headaches			Hepatitis B:		
23. Numbness or tingling in arms, hands, legs, or feet			Chickenpox:		
24. Stinger, burner or pinched nerve					
25. Infectious disease					
26. Skin problems, such as ringworm, acne, itching, rashes, warts, fungus or blisters			**Women Only – Please record dates of the following:**		
27. Become ill from exercising in the heat			First menstrual period:		
			Most recent menstrual period:		
			Length of cycle:		
			Number of periods in past year:		
			Longest cycle in past year:		

Explain all "Yes" answers here: (Example: #34 - '01 R ankle sprain) _____

I hereby state that to the best of my knowledge this information is true and correct.

Athlete's Signature: _____ Date: _____

Parent/Guardian Signature (if athlete is a minor): Date:

Moorpark College Athletic
Pre-Participation Health Appraisal

Name: _____

ATHLETES: Do you have any current injuries or illnesses that the doctor should be aware of prior to this exam?
Example: Previous dislocations of the shoulder, recurrent sprained ankle, knee pain

_____

_____

_____

Height: _____ Weight: _____ Pulse: _____ BP: ____/____ ____/____ ____/____

Optional testing: Body Fat % _____ Vision: R20/_____ L20/_____

Vision Corrected? Yes ☐ No ☐ Pupils: Equal ☐ Unequal ☐

Station-Based Exams Only	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulders/Arms			
Elbows/Forearms			
Wrists/Hands			
Hips/Thighs			
Knees			
Legs/Ankles			
Feet			

Clearance: ☐ Cleared ☐ Not Cleared – Reason: _____

Physician's Comments: _____

Physician's Name: _____ Date: _____

Address: _____ Phone: _____

Physician's Signature: _____, MD

Physician's Office Stamp