TAACS
Pre-Participation Medical Evaluation Form

Personal History

Name _____ Sex _____ Age _____ DOB _____

Grade _____ Sport _____ School _____

Personal Physician _____ Telephone _____

Address _____

1. Have you ever had a pre-participation physical before? ❑ Yes ❑ No

   Have you ever had surgery? ❑ Yes ❑ No
2. Are you presently taking any medications or pills? ❑ Yes ❑ No
3. Do you have allergies (medicine, bees or other stinging insects?) ❑ Yes ❑ No
4. Have you ever passed out during exercise? ❑ Yes ❑ No

   Have you ever been dizzy during or after exercise? ❑ Yes ❑ No

   Have you ever had chest pain during or after exercise? ❑ Yes ❑ No

   Do you tire more quickly than your friends during exercise? ❑ Yes ❑ No

   Have you ever had high blood pressure? ❑ Yes ❑ No

   Have you ever been told that you have a heart murmur? ❑ Yes ❑ No

   Have you ever had a racing of your heart or skipped heartbeats? ❑ Yes ❑ No

   Has anyone in your family died of heart problems or a sudden death before the age of 50? ❑ Yes ❑ No
5. Do you have any skin problems (itching, rashes, acne)? ❑ Yes ❑ No
6. Have you ever had a head injury? ❑ Yes ❑ No

   Have you ever been knocked unconscious? ❑ Yes ❑ No

   Have you ever had a seizure? ❑ Yes ❑ No

   Have you ever had a stinger, burner or pinched nerve? ❑ Yes ❑ No
7. Have you ever had heat or muscle cramps? ❑ Yes ❑ No

   Have you ever been dizzy or passed out in the heat? ❑ Yes ❑ No
8. Do you have trouble breathing or do you cough during or after activities? ❑ Yes ❑ No
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)? ❑ Yes ❑ No
10. Have you had any problems with your eyes or vision? ❑ Yes ❑ No

    Do you wear glasses or contacts or protective eye wear? ❑ Yes ❑ No
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints?

    ❑ Head ❑ Shoulder ❑ Thigh ❑ Neck ❑ Elbow ❑ Knee ❑ Chest

    ❑ Forearm ❑ Shin/Calf ❑ Foot ❑ Back ❑ Wrist/Hand ❑ Ankle ❑ Hip
12. Have you ever had any other medical problems (infectious mononucleosis, diabetes)? ❑ Yes ❑ No
13. Have you had a medical problem since your last evaluation? ❑ Yes ❑ No
14. When was your last tetanus shot? _____

    When was your last measles shot? _____

15. When was your first menstrual period? _____

When was your last menstrual period? _____

When was the longest time between your periods last year? _____

Please explain "yes" answers here: _____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

_____	_____	_____
Signature of Athlete	Signature of Parent/Guardian	Date

_____	_____
Signature of Coach	School

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected? ❑ Yes ❑ No Pupils _____

Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Skin/Lymphatics	_____	_____
Abdominals	_____	_____
Genitalia/Hernia	_____	_____

Musculoskeletal Examination **Examiner** _____

	Normal	**Abnormal Findings**
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Flexibility	_____	_____

Official Recommendation

A. This athlete ❑ may ❑ may not compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow-up on the following is recommended: _____

_____

C. Recommend further consultation with _____

Signature of Physician _____ Date _____