

PREPARTICIPATION MEDICAL EVALUATION FORM

Personal History

Name	Sex	Age	DOB
Personal Physician	Address		Telephone

Have you ever had a preparticipation physical before? Yes No If yes, when/where? _____

Please explain "yes" answers below.

	YES	NO
1. Have you ever been hospitalized? Have you ever had surgery?	____	____
2. Are you presently taking any medications or pills?	____	____
3. Do you have allergies (medicine, bees or other stinging insects)?	____	____
4. Have you ever passed out during exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur? Has anyone in your family died of heart problems or a sudden death before the age of 50?	____	____
5. Do you have any skin problems (itching, rashes, acne)?	____	____
6. Have you ever had a head injury? Have you ever been knocked unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, or pinched nerve?	____	____
7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	____	____
8. Do you have trouble breathing or do you cough during or after activities?	____	____
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?	____	____
10. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	____	____
11. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?	____	____
12. Have you ever had a medical problem since your last evaluation?	____	____
13. 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 ____ Ankle ____ Hip ____ Hand	____	____
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 Dancer	_____ Signature of Parent/Guardian	_____ Date
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General Physical Examination

Examiner _____

Height _____ Weight _____ BP ____/____ Pulse _____

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

Normal Abnormal Findings

Ears, Nose, Throat _____

Heart _____

Chest/Lungs _____

Skin/Lymphatic _____

Abdominal _____

Genitalia/Hernia _____

Musculoskeletal Examination

Examiner _____

Normal Abnormal Findings

Neck/Back _____

Upper Extremities _____

Lower Extremities _____

Flexibility _____

Optional Lab

Urine Sugar _____

Urine Protein _____

Urine Hematest _____

Official Recommendation

A. This dancer ____ may ____ may not participate in dancing 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 _____