KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT
PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: ___________________________________ Birth Date: __________ Exam Date: _________ Grade: (20 -202)

$ G G U H V V ____ City: _______________________ Zip: ________________

Primary Phone: __________________________ Sport: ________________________ B . 6 ' 6 W X G H Q W B B B B B B B B B B B B B B B B

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This examination is for participation at the senior high level (grades 9 - 12).

Athlete and Parent/Guardian : Please review all questions and answer them to the best of your ability.
Physician : Please review with the athlete details of any positive answers.

HISTORY

	Yes	No	
1. a.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
b.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
c.	☐	☐	Do you have any chronic or recurrent illness?
d.	☐	☐	Have you ever had any illness lasting more than a week?
e.	☐	☐	
4. a.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
b.	☐	☐	Do you tire more easily or quickly than your friends during exercise?
c.	☐	☐	Have you ever had any problem with your blood pressure or your heart?
d.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5.	☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
6. a.	☐	☐	Have you ever had fainting, convulsions, seizures or severe dizziness?

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STUDENT NAME:

EXPIRATION DATE:
(SCHOOL USE ONLY)