SYRACUSE CITY SCHOOL DISTRICT

Rev. 5/2013

Pre-participation Physical Evaluation

MUST BE COMPLETED WITHIN 30 DAYS FROM BEGINNING OF SPORT

SPORT

☐Baseball/Softball ☐Football ☐Volleyball
☐Basketball ☐Golf ☐Wrestling
☐Bowling ☐Lacrosse ☐XCountry/Track
☐Cheerleading ☐Soccer ☐Other ____________
☐Crew ☐Swimming

LEVEL

☐Modified (7th/8th Gr.) ☐Freshman ☐Junior Varsity ☐Varsity

☐MALE ☐ FEMALE

SCHOOL:______________________________

STUDENT ID# ______________________________

OFFICE USE ONLY

Physical Date ________________

☐Approved for Sports

☐ Not Approved for Sports (see notes)

Notes:
Vision Screen: ☐Failed ☐Referral
Needs Physical Exam: ☐

______________________ / ____________
(Nurse's Signature) *(Date)*
Do not sign if student is not approved.

Last Name First Age Birthdate Grade

Street Address City Zip Home Phone

Parent's Cell Phone ______________________ Emergency Contact/Phone ______________________

HEALTH HISTORY FOR SPORTS PARTICIPATION
(To be completed by parent or guardian)

Before the start of the tryout sessions or practice for each season, a health history must be done for each athlete.

History since last physical examination: (include date and EXPLAIN "YES" ANSWERS BELOW)

1.	Has student been hospitalized or had treatment in an emergency room?	Yes	No	Date:
2.	Any surgical operations, dislocations, or fractures?	Yes	No	Date:
3.	Is student presently taking any medications or pills or under a doctors care?	Yes	No	Date:
4.	Has student passed out, gotten dizzy,or had chest pain during or after exercise?	Yes	No	Date:
5.	Anyone in your family died of heart problems or sudden death before age 50?	Yes	No	Date:
6.	Ever had any vision or eye problems, wear glasses or contacts?	Yes	No	Date:
7.	Has student ever had a head injury, been knocked out, became unconscious or had a seizure?	Yes	No	Date:
8.	Has student developed any allergies since his/her last physical?	Yes	No	Date:
9.	Developed any medical problems or injuries since his/her last physical?	Yes	No	Date:
10.	Does student have any chronic illnesses?	Yes	No	Date:
11.	Does student have irregular menstrual periods?	Yes	No	Date:
12.	Last Tetanus Shot			Date:

EXPLAIN "YES" ANSWERS:

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I, the undersigned, clearly understand that the health questions are asked in order to determine if my child can safely participate in the athletic activity named above. I am aware that participation in this athletic activity is voluntary and that the Syracuse City School District does not carry student/athletic insurance. In addition, I authorize release of medical information to the faculty/staff that may/will need this information for the health and safety of my child. The answers are correct as of this date and he/she, has my permission to participate.

______________________________ ______________________
Parent/Guardian Signature *Date*

White Copy – School Nurse *Yellow – Athletic Director* *Pink – Coach*