

AMA Wrestling Athletic Pre-Participation Physical Evaluation

Physical Examination

Date of Exam _____

To be filled out by physician's office

Name _____ Sex _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP _____

	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitals (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Clearance

Cleared without restrictions.

Not cleared (athlete must be cleared before any participation)

Reason: _____

Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____

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History

To be filled out by parent/guardian before physical examination.

Name _____ Sex _____ Age _____ Date of Birth _____
Grade _____ School _____ Sports _____
Address _____
Phone _____ Personal Physician _____

Circle yes or no for each question below.

Explain any YES answers below or on a separate sheet of paper and discuss with your physician.

Circle any questions that you do not know the answer to and discuss with your physician.

- | | |
|--|--------|
| 1. Have you had a medical or sports injury since your last check up or sports physical? | YES NO |
| 2. Do you have an ongoing or chronic illness? | YES NO |
| 3. Have you ever been hospitalized overnight? | YES NO |
| 4. Have you ever had surgery? | YES NO |
| 5. Are you currently taking any prescription or over the counter medications or pills or using an inhaler? | YES NO |
| 6. Have you ever taken supplements or vitamins to help you gain or lose weight or help you improve your performance? | YES NO |
| 7. Do you have any allergies? (for example: to insects, foods, medications?) | YES NO |
| 8. Have you ever had a rash or hives develop during or after exercise? | YES NO |
| 9. Have you ever passed out or been dizzy during or after exercise? | YES NO |
| 10. Have you ever had chest pain during or after exercise? | YES NO |
| 11. Do you get tired more quickly than your friends do during exercise? | YES NO |
| 12. Have you ever had racing of your heart or skipped heart beats? | YES NO |
| 13. Have you ever had high blood pressure or high cholesterol? | YES NO |
| 14. Have you ever been told that you have a heart murmur? | YES NO |
| 15. Has any family member or relative died of heart problems or sudden death before age 50? | YES NO |
| 16. Have you had a severe viral infection (ex. Myocarditis or mononucleosis) in the last month? | YES NO |
| 17. Has a physician ever denied or restricted your participation in sports for any heart problems? | YES NO |
| 18. Do you have any current skin problems (ex. Itching, rashes, acne, warts, fungus, blisters)? | YES NO |
| 19. Have you ever a head injury, concussion, been knocked unconscious or lost memory? | YES NO |
| 20. Have you ever has a seizure? | YES NO |
| 21. Do you have frequent or severe headaches? | YES NO |
| 22. Have you ever had tingling or numbness in your arms, hands, legs, or feet? | YES NO |
| 23. Have you ever had a stinger, burner, or pinched nerve? | YES NO |
| 24. Have you ever become ill from exercising in the heat? | YES NO |
| 25. Do you cough, wheeze, or have trouble breathing during or after activity? | YES NO |
| 26. Do you have asthma? | YES NO |
| 27. Do you have seasonal allergies that require medical treatment? | YES NO |
| 28. Do you use any special protective or corrective devices or equipment that are not typically used for your sport or position? (ex. Knee brace, neck roll, dental retainer, hearing aid) | YES NO |
| 29. Have you had any problems with or eyes or vision or do you wear glasses or contacts? | YES NO |
| 30. Have you ever had a sprain, strain, or swelling after injury? | YES NO |
| 31. Have you ever broken or fractured any bones or dislocated any joints? | YES NO |
| 32. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | YES NO |
| 33. Do you want to weigh more or less than you do now? | YES NO |
| 34. Do you lose weight regularly to meet weight requirements for your sport? | YES NO |
| 35. FEMALES ONLY Have you had any problems with your menstrual periods? | YES NO |

Explain any yes answers here (or on separate paper) _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I have discussed any YES answers or questions with my physician.

Student Signature _____ Parent Signature _____