

Name \_\_\_\_\_ Sport \_\_\_\_\_ ND ID 9 \_\_\_\_\_

## Participation Physical Evaluation (Returnees only)

<b>Explain "Yes" answers in the boxes below. Complete form on-line. Return via email or fax 574-631-5011</b>	<b>YES</b>	<b>NO</b>
1. <b>Within the last year</b> have you experienced any new medical problems or injuries? If YES, explain: _____	___	___
2. <b>Within the last year</b> have you experienced a concussion or fainting episode ("passed out")? If YES, explain: _____	___	___
3. <b>Within the last year</b> have you required surgery or been hospitalized overnight for any reason? If YES, explain: _____	___	___
4. <b>Within the last year</b> have you had a change in weight (gain or loss) of more than 15 pounds? If YES, explain: _____	___	___
5. Has anyone in your family under age 50 died of heart problems or sudden death? If YES, explain: _____	___	___
6. Do you take any medications (prescriptions, over-the-counter, herbs, vitamins, or Supplements? If YES, list: _____ _____	___	___
7. Do you have allergies to any medications, foods, or bees? If YES, explain: _____	___	___
8. Do you have any ongoing medical problems? If YES, explain: _____	___	___
9. Do you have any concerns that you would like to discuss with a doctor? If YES, explain: _____	___	___

**FEMALES ONLY:**

10. Have you ever had a menstrual period? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 11. How old were you when you had your first menstrual period? \_\_\_\_\_  
 12. How many periods have you had in the last year? \_\_\_\_\_

**By signing this document, I am acknowledging that I have answered all questions truthfully. In addition by signing this document, I pledge to answer truthfully and completely all information relative to FUTURE injury and illness that may occur during the upcoming year.**

Student Name: \_\_\_\_\_ Date \_\_\_\_\_  
*Signature* *Print Name*

**Please note!** Please use "Save As" to save the document after you have it filled out. As you save it, change the name of the document to your "First Name Last Name.pdf" For example: John Doe.pdf if you are returning this form by email, you do not have to sign it before you send it.

**Athletic Trainer: Cleared** \_\_\_\_\_ **Not Cleared** \_\_\_\_\_