

Date of Exam					
lame			Date of birth		
Sex Age	Grade	School _		Sport(s) _	
Medicines and Allergies: Plea	ase list all of the pres	cription and over-the-co	ounter medicines and	d supplements (herbal and no	utritional) that you are
Do you have any allergies? Medicines		f yes, please identify sp ens	ecific allergy below. Food		Stinging Insect
xplain "Yes" answers below. C	ircle questions you do	on't know the answers	to.		
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Name Date of birth ___

- Consider additional questions on more sensitive issues
 Do you feel stressed out or under a lot of pressure?

 - Do you ever feel sad, hopeless, depressed, or anxious?
 Do you feel safe at your home or residence?
 Have you ever tried cigarettes, chewing tobacco, snuff, or dip?

 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 Do you drink alcohol or use any other drugs?
 Have you ever taken anabolic steroids or used any other performance supplement?
 - · Have you ever taken any supplements

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolve and the potential consequences are completely explained to the athlete (and parents/guardians).