

**VALLEY SPRINGS SCHOOL**  
**Preparticipation Physical Evaluation**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Personal Physician: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Date of exam: \_\_\_/\_\_\_/\_\_\_

	yes	no	Explain yes answers
1. Have you ever been hospitalized? _____	_____	_____	_____
2. Have you ever had surgery? _____	_____	_____	_____
3. Are you taking any prescription medication? _____	_____	_____	_____
4. Have you ever passed out during exercise? _____	_____	_____	_____
5. Have you been told you have a heart murmur? _____	_____	_____	_____
6. Has anyone in your family died suddenly of a heart problem? _____	_____	_____	_____
7. Does your heart race when you're NOT exercising? _____	_____	_____	_____
8. Have you ever been knocked unconscious? _____	_____	_____	_____
9. Have you ever had a seizure? _____	_____	_____	_____
10. Have you ever had a stinger, burner, or pinched nerve? _____	_____	_____	_____
11. Have you had muscle cramps or passed out due to heat? _____	_____	_____	_____
12. Do you have asthma or trouble with cough or wheezing? _____	_____	_____	_____
13. Have you injured/sprained/strained a joint? Which one? _____	_____	_____	_____
14. Do you have only one of any paired organ (eye)? _____	_____	_____	_____

These statements are accurate to the best of my knowledge:

\_\_\_\_\_  
 (Athlete) (Parent)

**Physical**

Blood Pressure \_\_\_\_\_/\_\_\_\_\_ Pulse \_\_\_\_\_ Weight \_\_\_\_\_ lbs Height \_\_\_\_\_ ft \_\_\_\_\_ in  
 Heart \_\_\_\_\_ Lungs \_\_\_\_\_  
 Abdomen \_\_\_\_\_ Musculoskeletal \_\_\_\_\_

Specific evaluation for previous injury/illness \_\_\_\_\_

- A. Cleared for all sports \_\_\_\_\_
- B. Cleared with limitations \_\_\_\_\_
- C. Further evaluation recommended for: \_\_\_\_\_

Signed \_\_\_\_\_ MD Signed \_\_\_\_\_ Coach

It is our understanding that accident insurance is required for each student who participates in athletics at Valley Springs School.

It is hereby certified that \_\_\_\_\_ is at present and will continue to be covered throughout the \_\_\_\_\_ (sport) season by accident insurance provided by \_\_\_\_\_  
 Name of Company

Moreover, Valley Springs School will not be held liable in the event of an accident.

\_\_\_\_\_  
 Student Signature Parent Signature

**WARNING**

We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.