PPE Short Questionnaire  
(Only for use with UAlbany student athletes who have a complete PPE on record.)

Name__________________________________________Sport________________
Date:____/____/____
Albany ID#_______________________DOB______/____/____
Cell phone________________________

Medications & supplements___________________________[ ] NONE

Medication Allergies___________________________________________
[ ]  NONE

Other (environmental) Allergies________________________________________
[ ]  NONE

Tetanus Immunization within 10 years?               
[ ] YES              
[ ] NO              
[ ] Don’t know

1. Have you been hospitalized over 24 hours since your last sport’s physical?

2. Have you experienced an injury or illness which has prevented you from participating in sports since your last sport’s physical?

3. Have you ever been denied participation in athletics for a medical reason?

4. Do you use any special braces or other protective equipment while participating in sports?

5. Are you missing an eye, kidney, testicle, ovary or lung?

6. Have you ever suffered any head injury or been diagnosed with a concussion?

   If yes:
   Number of concussions________
   Approximate date of most recent________
   Approximate age at time of first concussion________
   Concussion symptoms ever last longer than 3 days? YES NO
   Any Loss of Consciousness? YES NO
   Any Amnesia? YES NO
   Any convulsions? YES NO
   Any Mental Health/psychiatric diagnosis? YES NO

7. Do you know of or believe there is any health related reason why you should not participate in athletics?

8. Ever diagnosed with Sickle Cell (trait or disease)?

9. FEMALES ONLY:  
   Are you currently having at least 9 menses (periods) per year?

Athlete Signature______________________________________________

Do Not Write Below This Line (Official Use Only)

LIMITED PE:  
BP _______/______ Weight________
[ ] CLEARED with mildly elevated BP reading. Recommended recheck at HC
[ ] CLEARED with the following recommendations:
[ ] CLEARED temporarily pending further evaluation of
[ ] CLEARED pending obtainment of additional medical records
[ ] NOT CLEARED for(sport)_________________________Reason:

Reviewer signature________________________________________
Date____/____/____

3/14/18