

**KITTERY SCHOOL DEPARTMENT  
PRE-PARTICIPATION SPORTS EXAM**

List school sports you will be playing \_\_\_\_\_

**SECTION A --- PARENTS ---** Please answer the following questions:

- 1) Has your son or daughter had any of the following symptoms during or after exercise?
- |                   | NO    | YES   | EXPLAIN |
|-------------------|-------|-------|---------|
| Chest pain        | _____ | _____ | _____   |
| Pass out/fainting | _____ | _____ | _____   |
| Dizziness         | _____ | _____ | _____   |
- 2) Has anyone in your family died suddenly, or died of heart problems before age fifty?  
 YES                      NO                      Explain \_\_\_\_\_
- 3) Has your son/daughter ever been limited in sports participation?  
 YES                      NO                      Explain \_\_\_\_\_
- 4) Has your son/daughter ever been told they have or had a heart murmur or high blood pressure?  
 YES                      NO                      Explain \_\_\_\_\_
- 5) Does your son/daughter take any drugs or medications, prescription or over the counter?  
 YES                      NO                      Explain \_\_\_\_\_
- 6) Is there a history of a concussion or head injury?  
 YES                      NO                      Explain \_\_\_\_\_
- 7) Do you have any specific concerns or medical problems about your child?  
 YES                      NO                      Explain \_\_\_\_\_
- 8) Does your son/daughter have any known allergies?  
 YES                      NO                      Explain \_\_\_\_\_
- 9) Has your daughter started her period?    YES                      NO    Are they regular? \_\_\_\_\_
- 10) Does your child use Tobacco?                      YES                      NO    Date of last Tetanus shot \_\_\_\_\_

I, \_\_\_\_\_ hereby give my consent for \_\_\_\_\_ to have a pre-participation physical examination.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION B -----PHYSICIAN -----STATEMENT**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

I find \_\_\_\_\_ to be qualified to play all sports.

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTS PLEASE COMPLETE ---- SECTION C**

STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Date of Birth \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

HOSPITAL OF CHOICE \_\_\_\_\_

INSURANCE PROVIDER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

ADDITIONAL COMMENTS OR INFORMATION