PRE-PARTICIPATION PHYSICAL FORM

Participant Self-Assessment

Participant Name:_____ Gender: _____ Birth Date: _____

Please answer the following questions and **explain any "YES" answers below.**

	Yes	No
Have you ever had surgery?	☐	☐
Have you ever had a head injury or concussion?	☐	☐
Have you ever had a seizure?	☐	☐
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you ever had a broken bone or dislocated joint?	☐	☐
Have you ever had other problems with swelling or pain in muscles, tendons, bones, or joints?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever fainted during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Have you had a severe viral infection (for example, mononucleosis or myocarditis) in the last month?	☐	☐
Have you ever become ill from exercising in the heat?	☐	☐
Has a doctor ever denied or restricted your participation in sports?	☐	☐
Are you missing a kidney, eye, testicle or have an undescended testicle?	☐	☐

Explain any YES answers. Include dates.

_____

_____

_____

Medication allergies (and reaction): _____

Food allergies (and reaction): _____

Environmental/insect/other allergies (and reaction):_____

Current diagnoses and medications:_____

_____

I hereby state that the answers to the above questions are complete and correct.

Signature of Participant:_____ Date:_____

Signature of Parent/Guardian (if under 18): _____ Date:_____

PRE-PARTICIPATION PHYSICAL FORM

Medical Evaluation

You are being asked to certify that this individual has no contraindications for participation in drum corps activity. This individual will spend three months in the summer rehearsing and practicing outdoors throughout the country. Activities will include jogging, running, and marching practice. The level of exertion will be similar to that of a high-school or college athlete training for soccer, field hockey, or lacrosse.

Height (inches): _____ Weight (lbs): _____ BMI: _____ BP: _____/_____ Pulse: _____

Please check normal or explain any abnormal findings

		Normal	Abnormal Findings
Eyes		☐	
Ears/Nose/Throat		☐	
Heart/Pulses		☐	
Lungs		☐	
Abdomen		☐	
Genitalia/Hernia		☐	
Skin		☐	
Neurological		☐	
Musculoskeletal		☐	
	Neck	☐	
	Back	☐	
	Shoulder/Upper arm	☐	
	Elbow/Forearm	☐	
	Wrist/Hand	☐	
	Hip/Thigh	☐	
	Knee	☐	
	Lower leg/Ankle	☐	
	Foot	☐	

I have reviewed the questions and information on this form with the participant and make the following recommendation (check one):

☐ I find nothing in the history and physical examination to preclude participation. I recommend full participation.
☐ This individual may participate with the following restrictions or corrective actions: _____

_____

☐ I do not recommend participation for this individual because: _____

_____

Examiner's signature: _____ Date: _____

Provider printed name: _____ Qualification: MD / DO / PA / NP

Office address: _____ Phone: _____