

# PORT ANGELES HIGH SCHOOL

## DEPARTMENT OF ATHLETICS

304 East Park Avenue  
Port Angeles, WA 98362  
(360) 565-1809

### PREPARTICIPATION QUESTIONNAIRE: COMPLETE ANNUALLY. *Return with Athletics Application Package.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birth date \_\_\_\_\_ Male  Female

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Sports \_\_\_\_\_ Grade \_\_\_\_\_

Notify in Emergency \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Alternate Emergency Name \_\_\_\_\_ Alternate Emergency Phone \_\_\_\_\_

<b>Medications (taken regularly)</b> _____ _____	<b>Known Allergies</b> Medicine Yes <input type="checkbox"/> No <input type="checkbox"/> Bee sting Yes <input type="checkbox"/> No <input type="checkbox"/>
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**History:** Check Yes or No. Explain "Yes" answers below: Yes No

1. Have you had a medical problem or injury since your last physical? .....
  2. Have you ever been in the hospital or had an operation? .....
  3. Have you ever been dizzy or passed out during or after exercise? .....
  4. Have you ever had chest pain during or after exercise? .....
  5. Have you ever had high blood pressure, a heart murmur, or irregular heartbeats? .....
  6. Has anyone in your family died of heart problems or a sudden death before age 50? .....
  7. Have you ever been knocked out or unconscious, had a head injury, or a seizure? .....
  8. Have you ever had a "stinger," "burner," or pinched nerve? .....
  9. Have you ever had muscle cramps, heat exhaustion, or heat stroke? .....
  10. Do you have trouble breathing or do you cough during or after activity? .....
  11. Have you ever had asthma, diabetes, mono, or other medical problems? .....
  12. Are you missing an eye, kidney, or testicle? .....
  13. Do you use any special equipment?(pads, braces, neck rolls, mouth guard, eye guards, etc.) .....
  14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone? .....
- |      |       |          |           |       |      |
|------|-------|----------|-----------|-------|------|
| neck | back  | shoulder | elbow     | wrist | hand |
| hip  | thigh | knee     | shin/calf | ankle | foot |
15. Are you satisfied with your weight? .....
  16. *Females:* At what age was your first menstrual period? \_\_\_\_\_ Do you have at least eight periods in a year?

Please explain "Yes" answers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Parent/Guardian: Please Read. Print and Sign (Return Form to Athletics Secretary. PAHS Main Office)**

I hereby state that, to the best of my knowledge, the answers to the above questions are correct.

I approve of my child's participation in athletics in the Port Angeles School District athletic program, and I will assume all financial responsibilities not covered by my child's school insurance for injuries received while he or she is training for or playing in athletic games. I also give my permission for my child to receive a physical examination. I give my permission for my son/daughter to travel as required as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official.

\_\_\_\_\_  
Date Signature of Athlete Signature of Parent/Guardian