



149 Raymond Hirsch Pkwy • Suite 1 • PO Box 9 • White House, TN 37188

Phone: (615) 672-2977 • Fax: (615) 672-2979

PRESEASON SPORTS PHYSICAL

Student's name: _____ Age _____ Home address: _____
 City: _____ State: _____ Birth Date: _____ Sex: Male _____ Female _____
 Emergency contact name: _____ Emergency Contact number: _____
 Sport (s) _____

1. Have you EVER had any of the following?

Heart problems	no	yes	Hospitalized	no	yes
High blood pressure	no	yes	Passed out during exercise	no	yes
Breathing problems	no	yes	Dizzy during or after exercise	no	yes
Vision problems	no	yes	Chest pain during or after exercise	no	yes
Difficulty breathing	no	yes	Heart murmur	no	yes
Diabetes	no	yes	Heat or muscle cramps	no	yes
Heat stroke/exhaustion	no	yes	Dizzy or passed out in the heat	no	yes
Arthritis	no	yes	Cough during or after activity	no	yes
Depression	no	yes	Skin problems	no	yes
Problems after insect bite	no	yes	Drastic weight change	no	yes
Anemia	no	yes	Chronic illness	no	yes
Allergies	no	yes	Knocked out/ unconscious	no	yes
Seizures	no	yes	Surgery	no	yes
Use any special equipment (such as pads, braces, mouth guard, eye guard)				no	yes
Sprained/strained, dislocated, fractured, broken or repeated swelling of bone or joint				no	yes

• Please explain any "yes" answer (s) here: _____

2. Females: Date of first menstrual period? _____
 Date of last menstrual period? _____
 Any irregularity? _____

3. List any medication or vitamins you are currently using

I/we hereby state that to the best of my knowledge the answers to the above questions are correct. I/we understand that this is a limited medical exam is required by TSSAA before students may participate in school athletic programs. I/we further understand that this is a screening only and a physician should further evaluate any medical concern as a result of this screening. I/we hereby release Progress In Motion Physical Therapy and all other participants providing this examination from any liability that may arise from this screening. I/we hereby grant permission to _____ School, its physicians and trainers to render aid, treatment or medical care deemed reasonably necessary to the health and well being of the above individual. I/we further authorize first aid, preventative, rehabilitative or emergency treatment deemed reasonably necessary to protect the health and well being of the above individual. I/we additionally grant when necessary for protecting the health and well-being of the above individual, permission for hospitalization, treatment or surgery at a competent and or accredited facility. I/we further release _____ School its trainers, agents, servants and employees from any liability for damage and injury to the above individual and hereby accept the full responsibility for any and all damages or injuries sustained as a result in participation in _____ (sport or activity)

Student's name (printed) _____
 Student's signature: _____
 Parent/Guardian(s) signature: _____
 Coach's signature _____

Date: _____
 Date: _____
 Date: _____