



Bowling Green State University  
Pre-Participation Physical Evaluation  
**"UPDATE EXAM"**

Date of Exam \_\_\_\_\_

Name _____	Class Year _____	Sex _____	Age _____	Date of Birth _____
SS# _____	Allergies _____			Sports _____
Address _____				Phone _____

**Questions:**

NO YES Explain all YES answers:

1. In the past year have you ever had any illness or injury that:
  - a) required you to stay in the hospital?
  - b) lasted longer than 1 week (i.e. Mono)?
  - c) caused you to miss more than 3 days of practice or competition?
  - d) is related to allergies (i.e. asthma, bee sting)?
  - e) required an operation?
  - f) is chronic (i.e. asthma, diabetes, heart problems, seizure disorder)?
2. In the past year has any member of your family, under the age of 50, had a heart attack, heart problems, or died unexpectedly?
3. In the past year have you ever:
  - a) been dizzy or passed out during exercise?
  - b) developed a rash or hives during exercise?
  - c) had a head injury?
  - d) been unconscious?
  - e) had a concussion? (if yes, how many \_\_\_\_\_?)
  - f) had seizures?
  - g) had frequent or severe headaches?
  - h) become ill from exercising in the heat?
  - i) had repeated 'burners' or 'stinger' (How many \_\_\_\_\_)?
4. In the past year has there been any significant change in your weight (loss or gain)?
5. Do you lose/gain weight regularly to meet weight requirements for your sport?
6. Do you have any current skin problems (i.e. rashes, acne, warts, itchiness)?
7. Are you missing one or a paired organ (i.e. kidney, eye, testicle)?
8. In the past year have you had any problems with your eyes or vision?
9. Do you wear any special protective or corrective devices?
  - a) glasses or contacts?
  - b) braces or retainers?
  - c) joint braces?
  - d) hearing aids?
  - e) other devices? Please specify: \_\_\_\_\_
10. Have you or anyone in your family been diagnosed with sickle cell or sickle cell trait?
11. FEMALES ONLY: Do you have regular periods?
12. MALES ONLY: Do you perform regular testicular self-examinations?

I hereby state that, to the best of my knowledge, my answers to the above question are complete and correct. I give permission for the Athletic Department and Student Health Service to share this information.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this history with the student-athlete, documented all yes answers, and requested all necessary medical records.

Signature of Medical Professional \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY BOWLING GREEN STATE UNIVERSITY STAFF**

**VITAL SIGNS:**

Height:	Weight:	Blood Pressure:	Heart: Normal Abnormal	Pulse Rate: Regular Irregular	Lungs: Normal Abnormal
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Comments from \_\_\_\_\_

Evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLEARED

CLEARED after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_



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NOT CLEARED for: \_\_\_\_\_ REASON: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

Name of Examiner(Print/type): \_\_\_\_\_ Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_