

Bowling Green State University Athletic Department

2016-2017

Initial Athletic Health History Form & Pre-Participation Physical Exam

Name:	_ Da	ate o	f Birth: Sex. M	F	- 1
Sport: Class: Frosh Soph JR	. s	R	5 th YR BGSU ID:		
Home Address:					
Campus Address:			· · · · · · · · · · · · · · · · · · ·		
Cell Phone:	Н	ame	Phone:		
	_		ency Phone:		
Emergency Contact:	- "	nerg	efficy Filone.		-
Physician's Name/Address/Phone #:			<u> </u>		
	MILE	100		100 00	Later S
	EUS	0.00	A STREET STREET STREET AND AND A STREET WITH A STREET		
Has a doctor ever denied or restricted your participation in sports			39. Do you wear classes or contact lenses?		무
for any reason?	E445	S. Carre	40. Have vollexperienced any eye infections in the past #2 months?	(E)	-
 We're you born without on have you suffered the loss of a lung know, eye, historie, ovany of any other organ? 	П	12	41. Do you feel that your vision is good?		ū
Has a doctor ever told you that you have : (Circle, if yes)	(Coppes)	enega			
High Blood Pressure Heart Murmur Heart Problem			42. Do you have any chipped, loose or missing teeth?		
High Cholesterol Heart Infection			43. Do you wear any dental appliances? (i.e. Betaman, spacers. 1 44. Are you currently experiencing any dental problems?		8
4. Have you ever passed out or hearly passed out during exercise?	· D		14. Are you currently experiencing any dental problems:	MEAN	1
5. Have you ever passed out or nearly passed out after exercise?	10				
6. Have you'ever had biscomfort, pain, of pressure in your chest	in.	0	45. Family history of Heart conditions?		0
during exercise?			46Fernity, Natory of High blood pressure? 47. Family history of Sickle cell anemia or trait?		6
7. Does your heart race or skip beats during exercise?		ä	AB. Ifamily history of Dying during drifts fowing exercise?	0	ō
Doyoutire mare quickly than your permates? Has a doctor ever treated you for asthma or seasonal allergies?			49. Family history of Death prior to the age of 50?	0	
10:Do you tough wheele or have difficulty breathing duffin or after	of Department	2000	SOS Pamily history of Asthma?	П	0
exelucises		Ð	51. Family history of Marfan's syndrome?		
11. When exercising in the heat, have you had severe muscle		-	52. Family, history of Eating disorders?	B	0
cramping?			53. Family history of Depression?		
12. Háté you éver become l'ifrom exercising in the heat?	0				
13. Have you ever been told you have Sickle Cell Anemia or Trait?			54. At what age was your first menstrual period? Age	more.	
		9	55. When did your last menstrual period begin? Date:	场际	1450
14. Pneumonia?		ㅁ	56. What was the longest time between periods in the last year?		
15. ທີ່ມີຄ້ວຍບົດໄຂດຣິໄຣຊີ		T D	57 Have you even been bit bit lift control of Istorio ect on 3	P	
16. Rheumatic Fever or Scarlet Fever?					
17. (D) betes?		H	1 58. Have you been wearing any type of brace, support, or other special		0
18. Epilepsy/ Convulsions/ Seizures?		0	padding for participation in athletic activities?	-	1-
19. Any bleeding problems of Anemia? 20. An immune system disease?	10	10	59. Have you had anillhess or injury in the last 12 months that has not		
21. Kidney Disease?	ta	0	beenilisted previously?	00000	CHE
22. A hernia?	D		60. Have you used in the past or are you currently using any type of		
23. A Stornach disorder ot appendicitis?	0		performance enhancing substances or drugs? 61. Are you currently taking medication for Attainton Deficit Hyperactive.	19479	Qr.
24. Recurrent headaches?			Disorder	0	
25. Abdominalipalniothausea?			62. Do you know of any health reason why you should not participate in	-	
26. Been hospitalized?			the BGSU athletic programs at this time?		ш
27. Anysurgetles?	Ø		63. Have you ever been prescribed an inhaler or currently use one?		
28. A stress fracture?					
29.(A screw pidibiplate surgically implanted into your body?					541
30. Are you taking ANY prescription or over the counter medicines? 31. Are your taking ANY supplements, Utamins or herbs?			#	of some	War 12
31. Are yourtaking ANY supplements, viramins or nector 32. An allergic reaction to medication, food or insects?			Office and the second s	A PARTY	200
32. An allergic reaction to medication, food or insects? 33. Is any domain <u>re</u> sently treating you for any disorder?				2.72 min	2002
34. An MRI, MR-Arthrogram, X-ray, CT scan or Bone Scan?		旨	De la company de	SALES SALES	M 16-55
and the training that and transfer and the same and the s			# ************************************	of an	f1299
The same annually have any negligible with same therein.	0		#	-	-
35. Do you currently have any problems with your Hearing? 35/ Have you experience than ear ache. In the last 12 months?	0	Ö		188.1	7.10
37. Do you feel that your hearing is good?	0		#		
38. Do vou veet that your rearing 5 good .	10	10		20-21	能控



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4. HEAD (concussion- 'knocked out', surgery, hospitalization, other)			LT	RT	5 TO 10 TO 1	Yes	No
5. FACE (fracture, eye ear, nose, surgary, other)	9		UT.	RT	Part of the	Yes	No
NECK (strain, fracture, stingers, burners, surgery, other)			LT	RT		Yes	No
SHOULDER (dislocation strain, sorale protetor cuff injury tendonitis, surgely, other)	京田田田	A DE	ET	RT	· · · · · · · · · · · · · · · · · · ·	Yes	No
ARM/ELBOW (sprain, strain, tendonitis, fracture, dislocation, surgery, other)			LT	RT		Yes	No
WRIST/THUMB/HAND (sprain strain tendbrilds, flacture, dislocation, surgery, other)	4 2 8 D	100	PETR	AT	是连州市沿海	Yes	No
FINGERS (sprain, facture, surgery, other)			LŤ	RT		Yes	No
CHEST (pain, ungs, heart) sutgety, other)		- 0	L UT	AF		Yes	Nó
ABDOMEN (kidney, spleen, appendix, liver, surgery, other)			LT	RT		Yes	No
GENTIADA groin resticie, ovany warts, sucreny, other)	o Or		部に他	RE	Strategy of the strategy of th	Yes	No
BACK (strain, sprain, fracture, chronic pain, disc, surgery, other)			LT	RT		Yes	No
HIR/THIGH (strain, bactury surgery other)		口口	14	RT	CAME TO	Yes	No
KNEE (sprain, cartilage, bursitis, tendonitis, patella, surgery, other)			LT	RT		Yes	No
LOWERUSG (sprain, shalling freature, tendentials, shire, surgery, office)			T.	RT	1903/13	Yes	No
ANKLE (sprain, strain, fracture, tendonitis, surgery, other)			LT	RT		Yes	No
FOOT typrain, fraudite, strain, tendenitis, surgery, other)		TI.	UT	RE	THREE LINE	Yes	No
TOES (sprain, fracture, surgery, other)			LT	RT		Yes	No
OTHERS:			, ut	RI		Yek	No
			(P. 512)		82.00	n or a Const	i u nit
			TO SECURE	MAN ST	A CARLON		
DO YOU HAVE OF HAVE YOU EVER HAD:	Seed and on Lawrence and	Harris Branch	Date	200	50000000	horplain.	THE STATE
Anorexia, Bulimia, or any other eating disorders?							The shape of the
Dowou want to Weigh orone or less than you do right now?				SECULO S	BEIGNAY.	AND ADDRESS	SEPPERATE
Have you ever induced vomiting to control your weight?					and the same of th	CALIFORNIA STATE STATE	THE RESERVE AND ADDRESS OF THE PARTY.
Have you even used laxet was, digretips bedjet pills for weight loss?	COLUMN TO SECURE A SECUR A SECURE A SEC	PURCH PURCH			A SECTION ASSESSMENT		
Are you currently taking any vitamins, minerals, or supplements?			-		Marine Marine	March Will Life of	
Are there any food groups you phouse not to eati(meat, dairy, etc.)?	-	開於		R. P. Link	\$450 EUR 1915	NAME OF STREET	Complete 44 C
What is your ideal weight?	/eight:		LBS	TWO SHOP	No. of Parallel	THE RESERVE OF THE PARTY OF THE	11.00001.000
What Poods, Including supplements, have you asten in the last 24 hours?	国际起源	20,38724	ACTUAL PROPERTY.	A STATE OF	SACHIES IN	PARTICIPATION OF THE PARTIES.	APPLY STREET
Breakfast:							
duoche	經過器	经 事制品					
	MASCA	145 PERSON	100	SZELEN.	325 23 725	SECULIAR SPACE	\$300 E.S.
Saacks	STATE OF THE PARTY OF	7752 THEFT	CHARRISTS	Total State of	STATE STATE OF THE PARTY OF THE	STATE OF STREET	Section 1
Are there any food groups you shouse now to eath (meat, dairy, etc.)? What is your ideal weight? What is your ideal weight? What Poods, including supplements, have you caten in the last 24 hours?	/elght:	_	SERIE SERIES	LBS	LBS	LBS	LBS
	(2) A.	100					
hether or	not re	eceiv	eceiving med	eceiving medical trea	eceiving medical treatment, a	eceiving medical treatment, and during a	eceiving medical treatment, and during medical treatmen
ling Green State University	Tea	Team Physici	Team Physician to re	Team Physician to restart part	Team Physician to restart participation	Team Physician to restart participation despite of	or not receiving medical treatment, and during medical treatment. Team Physician to restart participation despite continuing treatments.
tment or is given permission by a Bowling Green state University rea g passed the physical examination does not mean that he/she is phys o disqualify him/her at the time of the said evaluation. ers to the above questions are correct and true to the best of his/her	sic	ally qua	ally qualified to	cally qualified to engage	cally qualified to engage in atmet	cally qualified to engage in athletics, but on	cally qualified to engage in athletics, but only that the evalu-
ATURE:			DA	DATE:	DATE:	DATE:	DATE:
PARENT'S SIGNATURE:		_ ĐA	TE:				
quired if athlete is under 18 years of age)							u =1 =
ave reviewed this history with the student-athlete, documented all yes ar	iswers,	and re	queste TE:	d all ne	cessary i	medical reco	rds.

Roll Along!



Bowling Green State University Athletic Department

2016-2017

Physical Examination

Height:	Wei	ght:	9	6 Body Fat (optional):	
/ision: L 20/ R 2			es Y N Cont	acts Y N Pupils: 🗆 Equ	ial 🗆 Unequal
Pulse:	-	BP:	Left arm	/ Right Arm	/
	(PRN BP R	echeck or position)	Left arm	/ Right Arm	/
	NORMAL	Comments regarding	Abnormal Find	lings	INITIALS
MEDICAL					
Appearance					
Eyes/Ears/Nose/Throat					
ymph Nodes					
leart					
ulses					
ungs					
Abdomen	 				
Genitilia (males only)					
kin	<u></u>		······		
MUSCULOSKETAL		1			
Neck					
Back					
Shoulder/Arm	ļ <u>.</u>				
Elbow/Forcarm					
Wrist/Hand					
Hip/Thigh				· · · · · · · · · · · · · · · · · · ·	- X
Knee					
Leg/Ankle					
Foot					
Station-based examination or STATUS Cleared Cleared after comple		n/rehabilitation for:	<u> </u>		
☐ Not Cleared for:		Re	ason:		
Recommendations:					
Name of examiner (Print/t	ype):	<u> </u>		Date:	
Name of examiner (Print/t Address of examiner:				Date:	

February 2010

Roll Along!

Revised March 2015