

TMA/TSSAA MEDICAL EVALUATION FORM

PERSONAL HISTORY INFORMATION

NAME	SEX	AGE	DATE OF BIRTH	GRADE		
SPORT(S)		PERSONAL PHYSICIAN			PHONE	
					YES	NO
1. Have you ever been hospitalized?						
Have you ever had surgery?						
2. Are you presently taking any medications or pills?						
3. Do you have allergies (medicine, bees or other stinging insects)?						
4. Have you every passed out during exercise?						
Have you ever been dizzy during or after exercise?						
Have you ever had chest pain during exercise?						
Do you tire more quickly than your friends during exercise?						
Have you ever had high blood pressure?						
Have you ever been told that you have a heart murmur?						
Has anyone in your family died of heart problems or a sudden death before the age of 50?						
5. Do you have any skin problems (itching, rashes, acne)?						
6. Have you ever had a head injury?						
Have you ever been knocked unconscious?						
Have you ever had a seizure?						
Have you ever had a stinger, burner or pinched nerve?						
7. Have you ever had heat or muscle cramps?						
Have you ever been dizzy or passed out in the heat?						
8. Do you have trouble breathing or do you cough during or after activities?						
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?						
10. Have you had any problems with your eyes or vision?						
Do you wear glasses or contacts or protective eye wear?						
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? _____ Head _____ Knee _____ Back _____ Shoulder _____ Chest _____ Wrist _____ Thigh _____ Forearm _____ Ankle _____ Neck _____ Shin/Calf _____ Hip _____ Elbow _____ Foot _____ Hand _____						
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?						
13. Have you ever had a medical problem since your last evaluation?						
14. When was your last tetanus shot?						
When was your last measles shot?						
15. When was your first menstrual period?						
When was your last menstrual period?						
When was the longest time between your periods last year?						

Please explain "YES" answers here:

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

SIGNATURE OF ATHLETE	DATE	SIGNATURE OF PARENT/GUARDIAN	DATE

ALCOA HIGH SCHOOL

TMA/TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM

This page to be completed by appropriate medical personnel.

BP: _____ / _____ PR: _____ UA: Sugar/ _____ Protein/ _____ Blood/ _____

Height: _____ ' _____ " Weight: _____ lbs.

Vision: Right 20/ _____ Left 20/ _____ Corrected? Yes No

	WNL	Comments/Abnormal Findings	Needs Referral or Follow-up	Examiner
1. Auscultation Heart Lungs				
2. Orthopedic Shoulders Neck Back Knees Ankles				
3. Palpation Neck Abdomen Genitalia				
4. ENT Eyes -pupils Nose Throat				
5. General Medical Skin Med Screen				

Flexibility						Needs Attention	Comments	Examiner
	Hypomobile	Normal		Hypermobile				
Rotator Cuff	1	2	3	4	5			
Neck	1	2	3	4	5			
Back	1	2	3	4	5			
Hips	1	2	3	4	5			
Hamstrings	1	2	3	4	5			
Achilles	1	2	3	4	5			

Official Recommendation:

A. This athlete may may not compete in athletics, based on the data gathered from this exam.

B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommend further consultation with _____

Signature of physician _____

Date: _____