



North Olympic Peninsula Youth Lacrosse

Home of the Port Angeles/Sequim Mountaineers



Pre-Participation Physical Examine Form

Player's name: _____ Date: _____

Address: _____

Phones: _____ Birthdate: _____

Physician: _____ Physician phone: _____

Sports: _____ Grade: _____ Age: _____

Medications (taken regularly): _____

Known Allergies: _____ Bee Sting Allergies: Yes / No

Medications for Allergies: _____

Last Tetanus shot: _____ (year)

History: Please briefly explain "Yes" answers to any of the following:

Yes No

- 1. Have you had a medical problem or injury since your last physical?
- 2. Have you ever been dizzy or passed out during or after exercise?.....
- 3. Have you ever had chest pain during or after exercise?.....
- 4. Have you been hospitalized in the last 10 years?
- 5. Have you ever had high blood pressure, heart murmur, and/or irregular heartbeats?.....
- 6. Has anyone in your family died of heart problems or 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. Did you have trouble breathing or do you cough during or after physical activity?.....
- 11. Have you ever had asthma, diabetes, mononucleosis 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 unsatisfied with your weight?.....



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If you checked "Yes" to any of the above questions, please explain here:

Parent/Guardian -- please read, date and sign:

I hereby state that, to the best of my knowledge, the answers to the above questions are true and correct. I approve of my child's participation in the North Olympic Peninsula Youth Lacrosse (NOPYL) program, and will assume all financial responsibilities not covered by my child's USLacrosse insurance for injuries received while he/she is training for or playing in athletic games or participating in NOPYL activities. I authorize the team physician or, in his absence, a qualified physician to examine the above-named player in the event of any injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of an injury. I give my permission for my son/daughter to travels required as a member of the NOPYL team. I give my permission for emergency treatment of an injury by any physician designated by a sports official or Coach.

Dated: _____

Player's signature: _____

Parent/Guardian: _____