Western Michigan University
Division of Intercollegiate Athletics
Try-out Pre-Participation Physical Examination

Name _____ WIN # _____

Sport _____ Date of Birth _____

☐ Yes ☐ No	Have you ever suffered a head injury / concussion and/or been knocked unconscious?
☐ Yes ☐ No	Have you ever suffered a cervical spine / neck injury?
☐ Yes ☐ No	Have you ever suffered a shoulder injury?
☐ Yes ☐ No	Have you ever suffered an elbow / forearm, wrist, hand, and/or finger injury?
☐ Yes ☐ No	Have you ever suffered a spine, low back, and/or sacroiliac injury?
☐ Yes ☐ No	Have you ever suffered a rib, thorax, and/or chest injury?
☐ Yes ☐ No	Have you ever suffered a hip, groin, and/or thigh injury?
☐ Yes ☐ No	Have you ever suffered a knee injury?
☐ Yes ☐ No	Have you ever suffered an ankle, lower leg, and/or foot injury?
☐ Yes ☐ No	Have you ever had surgery on your shoulder, elbow / forearm, wrist, hand, and/or finger?
☐ Yes ☐ No	Have you ever had surgery on your hip, knee, ankle, lower leg, and/or foot?
☐ Yes ☐ No	Have you ever had surgery on your spine (cervical / neck, lumbar, etc.)?
☐ Yes ☐ No	Have you ever suffered a heat-related illness and/or received intravenous fluids (IV) for a heat-related problem?
☐ Yes ☐ No	Have you ever been diagnosed with any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites?
☐ Yes ☐ No	Have you ever been diagnosed with asthma and/or exercised induced asthma?
☐ Yes ☐ No	Have you ever been diagnosed with diabetes?
☐ Yes ☐ No	Have you ever had chest pain and/or unexplained shortness of breath during or after exercise / practice?
☐ Yes ☐ No	Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice?
☐ Yes ☐ No	Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice?
☐ Yes ☐ No	Have you ever been told that you have a heart murmur?
☐ Yes ☐ No	Has any family member or relative died of heart problems and/or of sudden death before age 35?
☐ Yes ☐ No	Has a physician ever denied or restricted your participation in sports due to any heart problems?
☐ Yes ☐ No	Have you ever had an electrocardiogram (EKG) and/or echocardiogram of your heart?
☐ Yes ☐ No	Do you have only one of two paired, functioning organs (eyes, kidney, testicles, etc.)?
☐ Yes ☐ No	Have you ever had seizures or convulsions?
☐ Yes ☐ No	Do you or anyone in your family have sickle cell trait or disease?
☐ Yes ☐ No	Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
☐ Yes ☐ No	Have you ever been told by a physician to restrict your sports activity or not to participate in a sport?
☐ Yes ☐ No	Are you aware of any reasons why you should not participate in intercollegiate athletics at WMU at this time?

If you answered <u>Yes</u> to any of the above questions and/or have any further information, please list and explain:

_____

_____

_____

_____

_____

_____

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld.

_____ _____

Signature Date

_____ _____

Parent / Guardian Signature (if younger than 18 years old) Date

Western Michigan University
Try-out Pre-Participation Physical Examination

Name _____ Date _____

WIN # _____ Date of Birth _____

Age: _____ Sex: ☐ Male ☐ Female

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Vision: Rt. 20/____ Lt. 20/____ Contacts: ☐ Yes ☐ No Pupils: Equal _____ Unequal _____

Medical Examination

Heart/Murmur:	Normal _____	Abnormal _____	Remarks _____
Eyes/Pupils:	Normal _____	Abnormal _____	Remarks _____
Nose/Septum:	Normal _____	Abnormal _____	Remarks _____
Ears:	Normal _____	Abnormal _____	Remarks _____
Throat/Teeth :	Normal _____	Abnormal _____	Remarks _____
Lungs:	Normal _____	Abnormal _____	Remarks _____
Abdomen:	Normal _____	Abnormal _____	Remarks _____
Hernia:	Normal _____	Abnormal _____	Remarks _____
Genitalia:	Normal _____	Abnormal _____	Remarks _____
Skin:	Normal _____	Abnormal _____	Remarks _____

Musculoskeletal

Neck:	Normal _____	Abnormal _____	Remarks _____
Back:	Normal _____	Abnormal _____	Remarks _____
Shoulder:	Normal _____	Abnormal _____	Remarks _____
Elbow/Arm:	Normal _____	Abnormal _____	Remarks _____
Wrist/Hand:	Normal _____	Abnormal _____	Remarks _____
Hip/Thigh:	Normal _____	Abnormal _____	Remarks _____
Knee:	Normal _____	Abnormal _____	Remarks _____
Ankle:	Normal _____	Abnormal _____	Remarks _____
Foot:	Normal _____	Abnormal _____	Remarks _____

Participation Clearance

☐ Cleared

☐ Not Cleared for participation (Reason): _____

Recommendations: _____

_____

The following must be completed and signed by a Physician licensed by a state board:

Name (print): _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____