

# TAACS Pre-Participation Medical Evaluation Form

## Macon Road Baptist School Athletics

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### Personal History

Name	Sex	Age	DOB
Grade	Sport	School	
Personal Physician	Address		Telephone

1. Have you ever had a pre-participation physical before?  Yes  No; Have you ever had surgery?  Yes  No
2. Are you presently taking any medications or pills?  Yes  No
3. Do you have allergies (medicine, bees or other stinging insects?)  Yes  No
4. Have you ever passed out during exercise?  Yes  No  
Have you ever been dizzy during or after exercise?  Yes  No  
Have you ever had chest pain during or after exercise?  Yes  No  
Do you tire more quickly than your friends during exercise?  Yes  No  
Have you ever had high blood pressure?  Yes  No  
Have you ever been told that you have a heart murmur?  Yes  No  
Have you ever had a racing of your heart or skipped heartbeats?  Yes  No  
Has anyone in your family died of heart problems or a sudden death before the age of 50?  Yes  No
5. Do you have any skin problems (itching, rashes, acne)?  Yes  No
6. Have you ever had a head injury?  Yes  No  
Have you ever been knocked unconscious?  Yes  No  
Have you ever had a seizure?  Yes  No  
Have you ever had a stinger, burner or pinched nerve?  Yes  No
7. Have you ever had heat or muscle cramps?  Yes  No  
Have you ever been dizzy or passed out in the heat?  Yes  No
8. Do you have trouble breathing or do you cough during or after activities?  Yes  No
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?  Yes  No
10. Have you had any problems with your eyes or vision?  Yes  No  
Do you wear glasses or contacts or protective eye wear?  Yes  No
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints?  
 Head       Shoulder       Thigh       Neck       Elbow       Knee       Chest  
 Forearm       Shin/Calf       Foot       Back       Wrist/Hand       Ankle       Hip

