

**Got Skillz Lacrosse
Pre-Participation Physical Exam
Student-Athlete Information**

This section to be filled out by athlete:

Name: _____ DOB: ____/____/____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell: _____
Emergency Contact: _____ Relation: _____
Home Phone: _____ Work/Cell: _____

List all potential sports you may participate in:

Insurance Information

Name of Plan: _____ Policy Number: _____
Group Number: _____ Type: HMO PPO POS Other: _____
No medical insurance: _____

General Medical History

Have you ever been hospitalized and/or had surgery? _____
Please list any medications you are taking: _____
Please list any allergies: _____
Have you ever passed out during or after exercise? _____
Do you ever have chest pain? If yes, please explain: _____
Have you ever been told you have high blood pressure? If yes, please explain: _____
Have you ever been told you have a heart murmur? If yes, please explain: _____
Do you have any skin problems (itching, rashes, acne)? _____
Have you ever been knocked out or unconscious? If yes, please explain: _____
Have you ever had a seizure? If yes, please explain: _____
Have you ever had a stringer, burner or pinched nerve? If yes, please explain: _____
Have you ever had heat exhaustion or heat stroke? If yes, please explain: _____
Do you have asthma or difficulty breathing during exercise? _____
Do you have any problems with your eyes or vision? _____
Do you wear glasses, contacts or protective eyewear? _____
Have you had any other medical problems (ie, infectious mononucleosis, diabetes, hepatitis, mental health issues) _____

Orthopedic History

Have you ever sprained/strained, fractured, dislocated or had any other injuries to the following areas?
____ Head ____ Neck ____ Shoulder ____ Elbow ____ Wrist ____ Hand
____ Chest ____ Hip ____ Thigh ____ Knee ____ Shin/Calf ____ Ankle/Foot
Please explain all above:

Do you have any pins, plates, screws or anything metal in your body? _____

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

Signature/ Date: _____

Parent/Guardian Signature/Date (if under 18) : _____