



Barton College
Pre-Participation Exam

NAME				CLEARED	WITHHELD	Initial:
SPORT		Corr Vision? Yes	No	DATE		
Height	Weight	Blood Pressure			Pulse	
Medical History				Explanation		
Have you ever been pregnant?	YES	NO				
Have you ever had a concussion?	YES	NO				
Do you have sickle cell trait?	YES	NO				
Are you diabetic?	YES	NO				
Illness since your last physical?	YES	NO				
Injured in the last year?	YES	NO				
Do you have asthma?	YES	NO	Medication:			
Do you regularly get dizzy?	YES	NO				
Have you ever fainted?	YES	NO				
Have you ever had high BP?	YES	NO				
Have you ever had a seizure?	YES	NO				
Are you easily fatigued?	YES	NO				
Do you ever feel tightness/pressure in your chest?		YES	NO			
Death/Disability from heart disease in relative <50 years old?		YES	NO			
Have you previously been treated/diagnosed with a cardiac condition?		YES	NO			
Have you ever previously been restricted from sport?		YES	NO			
Allergies:						
Current Medications:						
Are you prescribed ADD/ADHD Medications?	YES	NO	TYPE:			
Supplement Use:						
Past Surgical History:						
Upper Extremity Problems:						
Lower Extremity Problems:						
Back/Spine/Neuro Injury:						
<i>By signing this form I acknowledge that this information is accurate to the best of my knowledge</i>						
Signature		Print Name		Date		
Signature of Parent/Guardian		Print Name		Date		
Evaluator				Date		