■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking purplements and supplements (herbal and nutritional) that you are currently taking purplements and supplements (herbal and nutritional) that you are currently taking purplements and supplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are currently taking purplements (herbal and nutritional) that you are defined to residual and nutritional that the purplement (herbal taking purplements) (h	Name			Date of birth		
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	ignature of athlete Signature of	of parent/g	uardian	Date		

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