



V.V.C. RAM'S PRE-PARTICIPATION PHYSICAL EVALUATION FORM
Fire Technology Department

Name: _____ D.O.B. _____
Address _____ Phone # _____
Social Security # _____ Basic Fire Academy / Paid Call Fire Academy
Parent/Spouse Name _____
Emergency Phone # _____

STUDENT'S MEDICAL HISTORY

Explain "YES" Answers Below:

- 1. Have you ever been Hospitalized? YES NO
Have you ever had surgery? YES NO
2. Are you presently taking any medication or pills? YES NO
3. Do you have any allergies (medications, bees, etc. ?) YES NO
4. Have you ever passed out during or after 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 you have a heart murmur? YES NO
Have you ever had racing of your heart or skipping heart beats? YES NO
Has anyone in your family died of heart problems or a sudden death before age 50? YES NO
5. Do you have skin problems (itching, rashes, acne?) YES NO
6. Have you ever had a head injury? YES NO
Have you ever been knocked out or 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 dizzy or passed out passed out in the heat? YES NO
8. Do you have trouble breathing or do you cough during or after activity? YES NO
9. Do you use any special equipment (pads, braces, eye guards?) YES NO
10. Have you had any problems with your eyes or vision? YES NO
Do you wear glasses, contact lenses, or protective eye wear? YES NO
11. Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints? YES NO

HEAD SHOULDER THIGH NECK ELBOW KNEE CHEST
FOREARM SKIN/CALF BACK WRIST ANKLE HIP HAND FOOT

- 12. Have you had any medical problems mono, diabetes, etc? YES NO
13. Have you had a medical problem or injury since your last examination? YES NO
14. When was your last tetanus shot? _____
When was your last measles immunization? _____
15. When was our first menstrual period? _____ Your last menstrual period? _____

Explain "Yes" answers: _____

