

**PRE-PARTICIPATION PHYSICAL EVALUATION
UNIVERSITY OF ILLINOIS AT SPRINGFIELD**

Orthopedic Medical History Form
To be completed by the student-athlete.

Name: _____ Sport: _____ Date: _____

Please circle the correct answer and explain (or list) any "yes" answers on the line provided.

Have you ever had a neck or back injury/pain? Y N _____
If yes, temporary or long-lasting, location and dates. _____
Any special x-rays? Y N Explain: _____
Did you undergo rehabilitation? Y N Explain: _____

Have you ever sustained a shoulder or elbow injury? Y N _____
If yes, indicate type, which side and dates. _____
Did you have surgery? Y N What type and when? _____
Did you undergo rehabilitation? Y N Explain: _____

Have you ever sustained a wrist or hand injury? Y N _____
If yes, indicate type, which side and dates. _____
Did you have surgery? Y N What type and when? _____
Did you undergo rehabilitation? Y N Explain: _____

Have you ever sustained a hip or knee injury? Y N _____
If yes, indicate type, which side and dates. _____
Did you have surgery? Y N What type and when? _____
Did you undergo rehabilitation? Y N Explain: _____

Have you ever sustained an ankle or foot injury? Y N _____
If yes, indicate type, which side and dates. _____
Did you have surgery? Y N What type and when? _____
Did you undergo rehabilitation? Y N Explain: _____

Have you ever sustained a "Stinger", "Burner" or "Pinched Nerve"? Y N _____
If Yes, please indicate when, location, and treatment. _____

Have you ever broken a bone? Y N _____
If Yes, please indicate when, location and treatment. _____

Have you ever had a stress fracture? Y N _____
If Yes, please indicate when, location and treatment. _____

I hereby state that, to best of my knowledge, my answers to the above questions are complete and correct.

Athlete's signature: _____

Date: _____

Parent/Guardian's signature: _____

Date: _____

(If athlete is under 18 year's of age)