



JUST UNDERSTAND MY POTENTIAL INC.
Pre-Participation Medical Evaluation

Name: _____		DOB: _____
Past Medical History: _____		
Current Health Issues:		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies: Medications: Food: Other:
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Other:
Current Medications (include name, dose and times of administration): _____		
<input type="checkbox"/> May administer ibuprofen 10 mg/kg orally every 6 hours as needed for pain/fever <input type="checkbox"/> May administer acetaminophen 15 mg/kg orally every 6 hours as needed for pain/fever <input type="checkbox"/> May administer diphenhydramine 25-50 mg orally every 4-6 hours as needed for rash/itching/allergy		
Physical Examination		Date of Examination: _____
Height: _____ inches or cm	Weight: _____ lbs or kg	BP: _____
<input type="checkbox"/> The entire examination was normal (may skip below)		
<input type="checkbox"/> General:	<input type="checkbox"/> Lungs:	<input type="checkbox"/> Extremities:
<input type="checkbox"/> Skin:	<input type="checkbox"/> Heart:	<input type="checkbox"/> Neurologic:
<input type="checkbox"/> HEENT:	<input type="checkbox"/> Abdomen:	<input type="checkbox"/> Other:
<input type="checkbox"/> Dental:	<input type="checkbox"/> Genitalia:	
The participant has the following issues which may affect his/her participation:		
<input type="checkbox"/> Decreased vision/hearing	Comments/recommendations: _____	
<input type="checkbox"/> Fine/gross motor deficit		
<input type="checkbox"/> Behavioral issues		
<input type="checkbox"/> Other:		
Immunizations are complete: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus vaccine: _____		
May participate fully in outdoor program, including hiking/camping: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, list restrictions: _____		
_____ Signature of examiner	_____ Date	_____ Telephone Number
_____ Print name of examiner	_____ Address	
(Please attach additional information as needed for the health and safety of the participant)		