**PRE-PARTICIPATORY MEDICAL EVALUATION**

\_\_\_\_\_\_\_\_semester, Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | | **Age:** | | | |  | | | | **Gender:** |  | |
| **Address:** |  | | | | | | | | **Student Number:** | | | | | | |  | | | |  |
| **Position/Year Level:** | | | | |  | | | **Department:** | | | |  | | | | | | |
| **Civil Status:** | | Married  Single  Divorced  Separated | | | | | | | | | **Date of Birth:** | | | |  | | | | |
| **Emergency Contact** | | | | **Name:** | | |  | | | | | | | | | | | | |
| **Relationship:** | | |  | | | | **Tel/CP No.** | | | |  | | | | | |
| **Sports/Activity** | | |  | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **MEDICAL RECORD** | | | | | | | |
| **Vital Signs** | BP \_\_\_\_\_\_\_\_\_\_mmHg  RR \_\_\_\_\_\_\_\_\_\_cpm  HR \_\_\_\_\_\_\_\_\_\_bpm  Temp \_\_\_\_\_\_\_\_\_\_ Celcius | | Weight \_\_\_\_\_\_\_\_\_\_kg  Height \_\_\_\_\_\_\_\_\_ m  BMI \_\_\_\_\_\_\_\_\_ | | | | |
| **Past Medical History** | □ Allergy  □ Bleeding disorder  □ Bronchial asthma  □ Cardiovascular Disease  □ Hypertension  □ PTB | | □ Skin disorder  □ Surgery  □ UTI  □ Loss of consciousness  □ Others: \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Interview** |  | | | *Yes* | *No* | | *Remarks* |
| 1. May pagkakataon ba na hindi ka pinahintulutan ng isang doctor na makilahok sa anumang isport/aktibidad sa anumang kadahilanan? | | |  |  | |  |
| 1. Napayuhan ka na ba ng doctor na mag pagawa ng ECG o 2D echo? | | |  |  | |  |
| 1. Kasalukuyan ka bang umiinom ng anumang gamot? | | |  |  | |  |
| 1. Naranasan mo na ba ang sumakit o parang may nakadagan sa dibdib o hirap sa pag hinga habang o pagkatapos ng ehersisyo o gumawa ng mabigat na gawain pisikal? | | |  |  | |  |
| 1. Naranasan mo na ba na magkaroon ng sprain, nabalian ng buto o dislocated joints? | | |  |  | |  |
| 1. Naranasan mo na bang mag kumbulsyon? | | |  |  | |  |
| **Physical Examination** |  | *Normal* | | | | *Abnormal* | |
| General Survey |  | | | |  | |
| Eyes/Ear/Nose/Throat |  | | | |  | |
| Hearing |  | | | |  | |
| Vision |  | | | |  | |
| Lymph Nodes |  | | | |  | |
| Heart |  | | | |  | |
| Lungs |  | | | |  | |
| Abdomen |  | | | |  | |
| Skin |  | | | |  | |
| Extremities |  | | | |  | |
| **Final Evaluation:** | □ Physically fit/ Cleared without restrictions at the time of examination  □ Cleared, with recommendations for further evaluation or treatment for  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not Cleared: □ All sports □ Certain sports  □ Activity, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

In compliance with the requirements of Data Privacy Act of 2012, Pamantasan ng Cabuyao commits to ensure that all personal information obtained will be secured and remain confidential. Collected personal information will only be utilized for purposes of documentation and research, if applicable, and facilitation of future transaction. The personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature Over Printed Name*  *School Nurse*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |  | *Signature Over Printed Name*  *School Physician*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |