

APBA  
Vintage Division  
Medical History & Physical Exam Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

In the event of Emergency Contact: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Any vehicle mishaps in previous year? ☐ Yes ☐ No

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medicines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospitalizations:	Reason	Approximate Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Operations:		
_____	_____	_____
_____	_____	_____

Current Symptoms:

Syncope (fainting) ☐ Yes ☐ No

Seizures ☐ Yes ☐ No

Vertigo (dizziness) ☐ Yes ☐ No

Decreased hearing ☐ Yes ☐ No

Numbness:

Arms ☐ Yes ☐ No

Legs ☐ Yes ☐ No

Irregular heart beat ☐ Yes ☐ No

Chest Pain ☐ Yes ☐ No

Asthma ☐ Yes ☐ No

Vision change ☐ Yes ☐ No

Paresis (significant weakness)

Arms ☐ Yes ☐ No

Legs ☐ Yes ☐ No

## Physical Exam

### Vital Signs:

\_\_\_\_\_: Pulse

\_\_\_\_\_/\_\_\_\_\_: BP

\_\_\_\_\_: Respiratory Rate

### Eyes:

Binocular vision: ☐ Yes ☐ No

Distance vision: \_\_\_\_/\_\_\_\_ With Correction: \_\_\_\_/\_\_\_\_

### Ears:

Hearing intact: R: ☐ Yes ☐ No L: ☐ Yes ☐ No (whispered voice @ 5 feet)

### Balance:

Heel to toe walk: \_\_\_\_\_

Index to nose eyes closed: \_\_\_\_\_

Rapid alternating movements: \_\_\_\_\_

Balance eyes closed: \_\_\_\_\_

Neck Motion: R: \_\_\_\_\_ L: \_\_\_\_\_ Down: \_\_\_\_\_

### Carotids:

Pulse: R: \_\_\_\_\_ L: \_\_\_\_\_

Bruit: R: \_\_\_\_\_ L: \_\_\_\_\_

Hand Grip Symmetrical & Strong: ☐ Yes ☐ No

Ability to squat and stand: ☐ Yes ☐ No

Stand on tiptoes: ☐ Yes ☐ No

Cardiac Irregularities: \_\_\_\_\_

If so, currently treated ☐ Yes ☐ No

Abdominal aneurysm: ☐ Yes ☐ No

Signature of Medical Examiner: \_\_\_\_\_

Printed Name of Medical Examiner: \_\_\_\_\_ Title: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_