Physical Examination For Sports Participation

Name:_____ Date of Birth:_____ Sex:_____

Medical Problems:_____

Allegries:_____ Medication(s):_____

This young person is going to enter a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted:

DATE OF EXAM:_____

RECOMMENDATION:

ITEM Specially Note	AGE	ITEM Specially Note	HT: WT: Pulse: B/P:
SKIN ACENE-Herpes-Ath.Foot		ABDOMEN Organomegaly	
MOUTH Caries-Prosthesis		GENITALIA(MALES) Lesions-Testes-Hernia	
EYES-EARS Pupils/Perf.-Dischrg		MUSCULOSKELETAL SCREEN See Guidelines:	
LUNGS AIR ENTRY - Wheezing		TANNER MATURITY Circle one: 1 2 3 4 5	
HEART Murmur-Rhythm-Size		OTHER OBSERVATIONS	

CHECK ONE AND SIGN: ( ) FULL PARTICIPATION APPROVAL
( ) LIMITED:_____

RECOMMENDATIONS

PHYSICIAN'S SIGNATURE:_____ TODAY'S DATE:_____

PERIODIC MEDICAL HISTORY UPDATE

NOTES:

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