

Physical Examination For Sports Participation

Name: _____ Date of Birth: _____ Sex: _____

Medical Problems: _____

Allergies: _____ 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: Pulse:	WT: 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:



HEALTH QUESTIONNAIRE FOR SPORTS PARTICIPATION

Please answer each question below. Those marked yes, please explain below to the best of your ability.

	<u>Circle One</u>	
1. Have you ever been in a hospital for an operation or other reason?	NO	YES
2. Do you take any kind of medicine every day?	NO	YES
3. Do you have asthma or allergies (hives, medicine, bee sting?)	NO	YES
4. Are you under a physician's care for any problems now?	NO	YES
5. Have you ever felt dizzy or had chest pains during or after exercise?	NO	YES
6. Do you have a heart murmur or other heart conditions?	NO	YES
7. Have you ever fainted or "blacked out" during exercise?	NO	YES
8. Have you ever had a heat illness such as heat exhaustion or stroke?	NO	YES
9. Have you ever had a concussion or suffered loss of consciousness or memory?	NO	YES
10. Have you ever had a fracture, dislocation, sprain, strain or other injury to any body part?	NO	YES
11. Do you have any eye problems, wear glasses or contacts?	NO	YES
12. Have you ever been told not to participate in any sport?	NO	YES

EXPLAIN "YES" ANSWERED QUESTIONS: _____

DATE OF LAST TETANUS BOOSTER: _____

PARENT/GUARDIAN PERMISSION FOR SPORTS PARTICIPATION

I hereby agree that the above statements of medical history are accurate, and give my consent for this student to participate in (Check one):

() All approved school athletics () Specific sport



Signature _____ Date signed _____
Parent/Guardian