

Sports Physical Examination

MALE FEMALE (Circle One)

NAME: _____
 AGE: _____ GRADE: _____
 DATE OF BIRTH: _____
 ADDRESS: _____

 PHONE: _____

Circle the Sports You Play:

- | | |
|---------------|------------|
| Baseball | Basketball |
| Cheerleading | Swimming |
| Field Hockey | Football |
| Softball | Track |
| Volleyball | Wrestling |
| Cross-country | Diving |
| Golf | Soccer |
| Other | _____ |

Instructions: Please review all questions below and answer them as truthfully as possible. It is important to include all pertinent information. Parents or guardians must sign below.

	<u>Yes</u>	<u>No</u>	<u>Explain</u>
1. Has anyone in your family died suddenly before the age of 50?	_____	_____	
2. Have you ever passed out or felt dizzy during exercise?	_____	_____	
3. Do you have asthma or allergies?	_____	_____	
4. Have you ever broken a bone, worn a cast, or injured a joint? (such as, an ankle or knee)	_____	_____	
5. Have you ever been knocked-out (concussion)?	_____	_____	
6. Do you have a chronic illness or see a doctor regularly?	_____	_____	
7. Do you have only one of any normally paired organ? (such as eyes, kidneys, etc.)	_____	_____	
8. Do you consider your current weight ideal? If no, write your ideal weight. _____ lbs.	_____	_____	
9. Do you take medication regularly?	_____	_____	Please List

For Women Only:

10. How old were you when you had your first period?
_____ years
11. Do you have regular periods? _____
12. How many periods did you have during the last 12 months? _____ number of periods

I have reviewed the above questions with my son or daughter and I give permission for my child to undergo the Preparticipation Physical Examination and to participate in sports

Please Specify: **Health Insurance:** _____

Hospital Preference: _____

Signature of Parent or Guardian _____ Date _____

Physical Examination

Physicians: Please complete all the information below

Height: _____ Vision: (R) 20/_____
Weight: _____ (L) 20/_____
BP: _____ (B) 20/_____
Corrected Y/N (circle one)

BP Reference Range:
10-12 y/o, > 125/80
13-15 y/o, > 135/85
16-18 y/o, > 140/90

Vision Reference Range: Is corrected or uncorrected vision better than 20/50 with both eyes?

Cardiopulmonary Examination:	<u>Normal</u>	<u>Abnormal</u>	<u>Explain</u>
Lungs	_____	_____	
Pulses	_____	_____	
Heart	_____	_____	
Musculoskeletal Screening:			
Neck	_____	_____	
Shoulder	_____	_____	
Elbow	_____	_____	
Wrist	_____	_____	
Hand	_____	_____	
Back	_____	_____	
Knee	_____	_____	
Ankle	_____	_____	
Foot	_____	_____	

Other: (Physical examination pertinent to historical information)

Recommendation:

1. Pass _____
2. Pass with restrictions: _____

3. Deferred until: _____

4. Failed, Reason: _____

Physician Signature: _____ Date _____