

PHYSICAL EXAM FORM

Name _____ Date _____

Address _____

Phone _____ Birthdate _____ Sex _____ Grade _____

Health Care Provider _____ Health Care Phone _____

Sports _____

Notify in Emergency _____ Emergency Phone _____

Alternate Emergency Name _____ Alternate Emergency Phone _____

Medications <i>(taken regularly)</i> _____ _____ _____ Last Tetanus Shot _____ <i>(year)</i>	Allergies: Medicine <input type="checkbox"/> Bee Sting <input type="checkbox"/>	Student must return this to the school business office before practicing or competing
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History

Explain "YES" answers below:

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Have you had a medical problem or injury since your last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been in the hospital or had an operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been dizzy or passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had high blood pressure, a heart murmur, or irregular heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been knocked out or unconscious, had a head injury, or a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a "stinger", "burner", or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had muscle cramps, heat exhaustion, or heat stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have trouble breathing or do you cough during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had asthma, diabetes, mono, or other medical problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you missing an eye, kidney, or testicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you satisfied with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> neck <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> hand
<input type="checkbox"/> hip <input type="checkbox"/> thigh <input type="checkbox"/> knee <input type="checkbox"/> shin/calf <input type="checkbox"/> ankle <input type="checkbox"/> foot | | |
| 16. At what age was your first menstrual period? ___ Do you have at least eight periods in a year? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "YES" answers:

Parent/Guardian PLEASE READ AND SIGN

I hereby state that, to the best of my knowledge, the answers to the above questions are correct. I approve of my child's participation in athletics in the Spokane Diocese athletic program, and I will assume all financial responsibilities I give my permission for my son/daughter to receive a physical examination. I give my permission for emergency treatment of an injury by any physical designated by a school official.

Date

Signature of Athlete

Signature of Parent

Name _____ Age _____ Date _____

Height _____ Weight _____ BP _____/_____ Pulse _____			
Vision: R20/_____ L20/_____		Corrected: YES NO	
	Normal	Abnormal Findings	Initials
HEENT			
Pupils Equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles/hernia			
Musculoskeletal (Symmetry/ROM/Strength/Flexibility)			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee		R MCL R ACL L MCL R ACL	
Ankle		R ANT DRAWER L ANT DRAWER	
Foot			

No restriction for sports participation
 Clearance withheld pending attached verification of rehabilitation/evaluation for: _____

Limited participation. Not cleared for the following types of sports: _____

Minimum high school wrestlers weight (circle): 75 79 83 89 90 93 96 99 101 108 115 122 129 135
 141 146 158 168 176 190 191 UNL

Was body fat measured? _____

Recommendations: _____

Examiner's Signature _____ Date _____

Print Name, Address, and Phone _____

