

PHYSICAL EXAMINATION AND PARENT CONSENT FORM

*****Explain "YES" answers on the back of the sheet in given space. Circle questions you don't know the answers to*****

HISTORY FORM (should be filled out by the student & parent/guardian PRIOR to the physical examination)							
Name:		DOB:	Student ID:	22-23 Grade:			
		Sex:	Age:	Sports:			
General/Medical Questions		Yes	No	Heart Health Questions About You & Family		Yes	No
1)	Has a doctor ever denied or restricted your participation in sports for any reason?			19)	Have you ever passed out DURING or AFTER exercise?		
2)	Any medical condition, injury, or illness since your last check up or sports physical?			20)	Have you ever been dizzy DURING or AFTER exercises?		
3)	Have you ever been hospitalized overnight?			21)	Have you ever had discomfort, pain, or pressure in your chest during or after exercises?		
4)	Do you have any ongoing medical conditions? If so, please Asthma? Anemia? Diabetes? Infections? Allergies? Other?			22)	Do you tired more quickly than you friends during exercises?		
5)	Have you ever had surgery or any injury to bone/muscle/tendon/ligaments? If so, please explain.			23)	Have you ever had racing of your heart or skipped (irregular beats) heartbeats?		
6)	Do you cough, wheezing, or have difficulty breathing during or after exercises?			24)	Do you get lightheaded or feel more short of breath than expected during exercise?		
7)	Have you ever been tested for sickle cell? If yes, please explain findings.			25)	Have you ever been told you have a heart murmur?		
8)	Have you ever had a seizure or been diagnosed with a seizure disorder? If yes, what trigger your seizures?			26)	Has a doctor ever ordered a test on your heart (EKG/ECG, echocardiogram)?		
9)	Were you born without or are you missing a kidney, an eye, a testicle (males), spleen, or any other organ?			27)	Has your doctor ever told you that you have any heart problems? (Kawasaki disease, myocarditis, heart infection)		
10)	Do you currently have any skin problems skin problems (for example itching, rashes, acne, warts, fungus, and blisters)?			28)	Have you ever been told you have high blood pressure or high cholesterol?		
11)	Have you ever had numbness, tingling, or weakness in your arms, hands, legs, or feet after being hit or falling?			29)	Has a physician ever denied or restricted your participation in sports for any heart problems?		
12)	Have you ever become ill or had severe muscle cramps after exercising in the heat?			30)	Has any family Member or relative died of heart problems or of sudden death before the age of 50?		
13)	Do you ever worry about your weight?			31)	Does anyone in your family have Marfan syndrome, cardiomyopathy, or long Q-T?		
14)	Do you have groin pain or a painful bulge or hernia in the groin area?			32)	Does anyone in your family have a pacemaker or implanted defibrillator?		
15)	Have you ever had a head injury or concussion? If, yes what was the date of the last one? How many diagnosed concussions?			Females only			
16)	Have you ever been knocked out, become unconscious, or lost your memory?			33)	How old were you, when you had your first menstrual period?		
17)	Do you have frequent or severe headaches?			34)	Do you experience any problems or changes with athletic participation?		
18)	Emergency Medications Required On-Site? (For example; Inhaler, Epinephrine, Glucagon, or Other)?			35)	How many periods have you had in the past 12 months?		

Parent/Guardian Signature _____

Athlete Signature _____

Date _____

PREPARTICIPATION PHYSICAL EVALUATION (Healthcare Provider's Only Fill In)

Height:	Weight:	Blood Pressure: / /	Pulse:
Medical		Normal	Explanation of Abnormal Findings
a) Appearance			
b) Eyes/Ears/Nose/Throat			
c) Lymph Nodes			
d) Heart			
e) Pulses			
f) Lungs			
g) Abdomen			
h) Genitourinary (males only)			
i) Skin			
j) Neurologic			
Musculoskeletal		Normal	Explanation of Abnormal Findings
a) Neck			
b) Back			
c) Shoulder/Arm			
d) Elbow/Forearm			
e) Wrist/Hand/Fingers			
f) Hip/Thigh			
g) Knee			
h) Leg/Ankle			
i) Foot/Toes			
j) Functional			
<input type="checkbox"/> Cleared for all sports without restriction. <input type="checkbox"/> Not cleared <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list):			
Recommendations or Reasons:			

Name & Title of Examiner (Print/Type)

Date

