

## **SPORTS PHYSICAL**

Date	FIRST NAME				L			
Grade	Sex		Birthdate	Age	Parent/Guardian_			
Address			City	Zip	Phone(H)		(W)	
			ND EXAM IS ONLY INTENI IS BY YOUR PHYSICIAN.	DED TO DI	ETERMINE ABILITY	Y TO PARTICIPA	ATE IN SPORTS AND IS NOT A SUBSTI-	
Date of Teta	nus Immun	izatio	n (Required every 10 years)_		Hepatit	is B		
Have you ev	er had or do	o you l	have any of the following:					
YES	<u>NO</u>	•						
Y	N	1)	Head injury, concussion, loss of memory, loss of consciousness during exercise					
Y	N	2)	Back or neck problems or curvature of the spine, corrective devices					
Y	N	3)	the state of the s					
Y	N	4)	Problems with foot, knee or other joints, numbness or tingling in extremities					
Y	N	5)	Eye injury, eye surgery, eye disease					
Y	N	6)	Wear glasses, contacts, hearing aid, dentures or dental appliances (braces, retainer)					
Y	N	7)	Headaches-other than minor headaches					
Y	N	8)	Drug addiction, mental illness, nervous disorder					
Y Y	N	9)	Epilepsy, seizures, fainting, or dizzy spells  Lung trouble shortness of breath eathers allergies inheler wheezing during eversies					
	N	10)	Lung trouble, shortness of breath, asthma, allergies, inhaler, wheezing during exercise  Heart trouble, rheumatic fever, high blood pressure, chest pain with exercise, heart murmur					
Y Y	N N	11) 12)	Anemia, leukemia or any blood disorder					
Y	N	13)						
Y	N	14)	Hernia, kidney problem, testicle problem					
Y	N	15)	Enlarged spleen or liver or severe viral infection					
Y	N	16)						
Y	N	17)	Family history of sudden death or heart-related death before age of 50					
Y	N	/	Presently taking any medication, supplements, vitamins (list below)					
Y	N	19)						
Y	N	20)	Skin problems (rashes, hives, ringworm, fungus)					
Y	N	21)	Heat stroke, heat exhaustion, ill from exercise in the heat					
Y	N	22)	Do you have any ongoing me			nould not particij	pate	
Please expla	in any Yes A	nswers	s:					
EMERGEN	CY INFOR	MATI	ION:					
EMERGENCY INFORMATION:  Person to contact if parents cannot be reached					Phone			
·								
						Pnone	2	
PHYSI	CAL EX	AIVI						
Height			Weight	_ Blo	ood Pressure		Pulse	
<u>Normal</u>	Abnorn	<u>nal</u>			<u>Normal</u>	<u>Abnormal</u>		
			1) General Appearance				6) Cardiovascular	
			2) Eyes, Teeth, ENT				7) Abdomen	
			· •				8) Hernia/Genitalia	
			3) Neurological				,	
<b> </b>			4) Lymph Nodes				9) Spine, neck, back	
			5) Respiratory				10) Musculo-skeletal	
							11) Menses	
Recommendation:					<b>Comments:</b>			
Fully Participate								
	-	_						
No Participation Able to participate with				tational				
2								
Physician	Signature						Date	
1, 5								