

Physical Examination Form School _____

Name: _____ Grade: _____ Date of Birth: _____ Sex: _____ Date: _____

IMPORTANT: No examination will be performed unless all of the questions in the history have been answered. If the participant is under 18, the history must be answered by and the form signed by a parent or guardian.

HISTORY

- Yes No 1. Has anyone in your family (grandparent, mother, father, sister, brother, aunt, uncle) died suddenly from heart disease or an unexplained cause prior to age 50?
- Yes No 2. Have you ever stopped exercising because of dizziness or passed out during exercise?
- Yes No 3. Have you ever broken a bone, had to wear a cast, or had an injury to any joint?
Location of injury _____
- Yes No 4. Do you have asthma, hay fever or coughing spells after exercise?
- Yes No 5. Do you have a history of concussions (getting knocked out)?
- Yes No 6. Have you ever had a heat related illness (heat stroke)?
- Yes No 7. Do you have a chronic illness or see a physician regularly for any particular problem?
- Yes No 8. Do you take any medications on a regular basis?
- Yes No 9. Are you allergic to any medications or bee stings?
- Yes No 10. Do you have only one of a paired organ (eyes, ears, kidney, kidney, testicles, ovaries)?

Signed: _____ (parent or guardian) Date: _____

Participation recommendations will be given only for those sports circled by the athlete. Circle all sports in which you think you might participate.

- Contact/Collision:** Football Soccer Wrestling **Non-Contact/Non-Strenuous:** Golf
- Limited Contact/Impact:** Baseball Basketball Diving High Jump Pole Vault Softball Volleyball
- Non-Contact Strenuous:** Discus Javelin Shot Put Running Swimming Tennis Track Cheerleading

PHYSICAL EXAMINATION

BP _____ HR _____ Cardiovascular Examination

- Yes No 1. Murmur.
- Yes No 2. 1-2/6 Systolic ejection w/ otherwise normal exam.
- Yes No 3. High-frequency systolic ejection at LLSB increased w/Valsalva.

MUSCULOSKELETAL EXAMINATION

- Yes No 1. Is there asymmetry of the upper or lower extremities?
- Yes No 2. Is there an increased Q-Angle?
- Yes No 3. Is there a varus/valgus deformity?
- Yes No 4. Pes Planus/Cavus?
- Yes No 5. Is the ROM of the neck normal?
- Yes No 6. Normal shoulder strength & ROM?
- Yes No 7. Normal elbow extension, pronation/supination?
- Yes No 8. Scoliosis
- Yes No 9. Normal Calf Strength
- Yes No 10. Normal Ankle Stability
- Yes No 11. Normal Knee Flexion
- Yes No 12. Normal Quads Strength

EXAMINATION OF RISK AREAS IN HISTORY

PARTICIPATION RECOMMENDATIONS

Yes No May participate in any sport

DISQUALIFIED FROM

- _____ Contact/Collision Sports
- _____ Limited Contact/Impact Sports
- _____ Non-Contact Strenuous Sports
- _____ Non-Contact/Non Strenuous

RECOMMENDATIONS FOR COACH/TRAINER

The following suggestions are given for conditioning, special training or precautions.

Signed _____ Date _____
(examining physician)