PHYSICAL EXAM FORM

Today's Date _____

Name of Child	Date of Birth	Sex	Grade in Fall	20____ - 20____ Academic Year

Home Address _____ Zip Code _____ Home Phone _____

Health Care Provider _____ Provider Phone _____

Sports _____

Notify in Emergency _____ Emergency Phone _____

Alternate Emergency Name _____ Alternate Emergency Phone _____

Medications *(taken regularly)*	Allergies:	**Student must return this to the school business office before practicing or competing**
_____	Medicine ☐	
_____	Bee Sting ☐	
	Other ☐	
Last Tetanus Shot _____ *(year)*		

History

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

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 physician designated by a school official.

Date _____ Signature of Parent _____ Signature of Guardian _____

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 _____

_____

_____