

SPORTS PARTICIPATION PHYSICAL FORM

This form is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. Students are required to have a physical in the 5th grade and then a physical every other year. **Students who have not had a physical in 5th grade are required to have a physical prior to tryouts and participation in any sport.** Part A is to be completed by the student and his/her parent before having a physical. Part B is to be completed by the physician.

**PLEASE NOTE! New Policy: Students must have a physical every other year (example: 5th & 7th grades).
Physicals must be on file in the office before tryouts and participation in any sport.**

NAME _____ AGE _____ (YRS) GRADE _____ DATE _____
 ADDRESS _____ PHONE _____

PART A – HEALTH HISTORY

	YES	NO
1. Have you ever had an illness that:		
a. required you to stay in the hospital?	_____	_____
b. lasted longer than a week?	_____	_____
c. caused you to miss 3 days of practice or a competition?	_____	_____
d. is related to allergies?	_____	_____
e. required an operation?	_____	_____
f. is chronic? (i.e., asthma, diabetes, etc.)	_____	_____
2. Have you ever had an injury that:		
a. required you to go to an emergency room or see a doctor?	_____	_____
b. required you to stay in a hospital?	_____	_____
c. required x-rays?	_____	_____
d. caused you to miss 3 days of practice or a competition?	_____	_____
e. required an operation?	_____	_____
f. is chronic? (i.e., asthma, diabetes, etc.)	_____	_____
3. Do you take any medication or pills?	_____	_____
4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly?	_____	_____
a. been dizzy or passed out during or after exercise?	_____	_____
b. been unconscious or had a concussion?	_____	_____
5. Have you ever?		
a. been dizzy or passed out during or after exercise?	_____	_____
b. Been unconscious or had a concussion?	_____	_____
6. Are you unable to run ½ mile (2 times around the track) without stopping?	_____	_____
7. Do you:		
a. wear glasses or contacts?	_____	_____
b. braces?	_____	_____
8. Have you ever had a heart murmur, high blood pressure or a heart abnormality?	_____	_____
9. Do you have any allergies to any medicine?	_____	_____
10. Are you missing a kidney?	_____	_____
11. When was your last tetanus booster?	_____	_____
12. For women:		
a. at what age did you experience your first menstrual period? _____		
b. in the last year, what is the longest time you have gone between periods? _____		
13. Are you worried about any problem or condition at this time? Yes ____ No ____ If yes, please explain: _____		

EXPLAIN ANY "YES" ANSWERS _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete _____ Date _____

Signature of parent _____ Date _____

PART B – PHYSICAL EXAMINATION RECORD

NAME _____ AGE _____ BIRTH DATE _____
 HEIGHT _____ WEIGHT _____ PULSE _____ BLOOD PRESSURE _____
 VISION: R _____ \ _____ CORRECTED _____ UNCORRECTED _____
 L _____ \ _____ CORRECTED _____ UNCORRECTED _____
 PERCENT BODY FAT (OPTIONAL) _____ DATE OF PHYSICAL _____

	NORMAL	ABNORMAL FINDINGS					INITIALS
1. Eyes							
2. Ears, Nose, Throat							
3. Mouth & Teeth							
4. Neck							
5. Cardiovascular							
6. Chest & Lungs							
7. Abdomen							
8. Skin							
9. Genitalia – Hernia (male)							
10. Musculoskeletal: ROM, strength, etc.							
a. neck							
b. spine							
c. shoulders							
d. arms/hands							
e. hips							
f. thighs							
g. knees							
h. ankles							
i. feet							
11. Neuromuscular							
12. Physical Maturity (Tanner Stage)	1	2	3	4	5		

Comments re: Abnormal Findings:

Participation recommendations:

1. No participation in: _____

2. Limited participation in: _____

3. Requires: _____

4. Full participation in: _____

Physician Signature _____ Date _____