

# PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SEX: M F

This young person is going to enter a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Skin: (Athletes Foot, Herpes, Acne) \_\_\_\_\_

Mouth: \_\_\_\_\_

Eyes/Ears: \_\_\_\_\_

Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Genitalia (Males): \_\_\_\_\_

Tanner Maturity: 1 2 3 4 5

Date of Last Tetanus Booster: \_\_\_\_\_

Other Observations:

---

---

---

---

Please check one:  Full Participation

Limited Participation

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Please Print

# Athlete Questionnaire for Sports Participation

(To be completed by athlete & signed by parent/guardian)

Name: \_\_\_\_\_ Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

\_\_\_\_\_

## In Case of Emergency, Notify:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

## Please answer each question:

- |  |    |     |
|--|----|-----|
| 1) Have you ever been told not to participate in any sport?        | No | Yes |
| 2) Have you ever been unconscious or lost memory from head injury? | No | Yes |
| 3) Have you ever had a knee or ankle sprain? Other injury?         | No | Yes |
| 4) Have you ever had a fracture or dislocation?                    | No | Yes |
| 5) Are you under physicians care now?                              | No | Yes |
| 6) Do you take any kind of medication on a daily basis?            | No | Yes |
| 7) Have you ever fainted or "blacked out"? During exercise?        | No | Yes |
| 8) Do you have allergies?  | No | Yes |
| 9) Do you carry any medications for allergies/asthma?              | No | Yes |
| 10) Have you ever been in a hospital for an operation?             | No | Yes |
| 11) Do you have any worries or questions about your health?        | No | Yes |

Explain any questions answered with "Yes": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby agree that the above statements of medical history are accurate, and give my consent for this student to participate on athletic teams at Souhegan High School.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian