SCHOOL YEAR:



For Office Use Only:	
Date Received:	/ /
Update Attendance:	☐ Yes
Initial:	

SPORTS PHYSICAL FORM TO BE COMPLETED BY PARENT

	Last Name		First Nar	me					Middle				
	/ / Birth Date			Male							l Fe	emale	
		Home Address (Please "NO" P.O.	Box)									
	City		State							Zip Code			
() -		()			-						
	Primary Phone						Seco	ondary P	hone				
Stud	ent Lives With:	☐ Father	Othe	r: _									
Fathe	r's Name	() Phone	-			Daytir	ne pl	hone		Pager			Cellula
		()	-			Daytir	me pł	hone		Pager			Cellula
Moth	er's Name	Phone			_				_			_	
Alterr	nate Emergency Contact Person	Phone				Daytir	me ph	none	Ц	Pager			Cellula
دمDl	se indicate MEDICAL ALERTS such as Allerg		isas atr										
i ica	SCHILICATE MEDICAL ALEKTS SUCH US AIICIE	ie reactions, contact ich	_										
ledi	cal History:												
	etes and parents: This health record is	a critical element in	the determi	nation (of a	n ath	lete	's risk	of in	jury in	spo	rts.	
	e take the time to read and answer al									-	-		
1.	Has anyone in the athlete's family (grand die suddenly before the age of 50?	dparents, mother father	, brother, siste	er, aunt,	unc	cle)		Yes		No		Don	't Kno
2.													
۷.	Has the athlete ever stopped exercising	because of dizziness or	passed out du	ring exer	cise	e?		Yes		No		Don	ı't Kno
	Has the athlete ever stopped exercising loos the athlete have asthma (wheezing			_		e?		Yes Yes		No No			
3. 4.		g), hay fever, or coughin	g spells after e	exercising	g?	e?			_			Don	ı't Kno
3.	Does the athlete have asthma (wheezing	y), hay fever, or coughin had to wear a cast, or h	g spells after e	exercising	g?	e?		Yes		No		Don Don	't Kno 't Kno
3. 4.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone,	g), hay fever, or coughin had to wear a cast, or h ssions (getting knocked	g spells after enad an injury to out)?	exercising	g?	≘?		Yes Yes		No No		Don Don Don	i't Kno i't Kno i't Kno
3. 4. 5.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concultas the athlete ever suffered a heat-relation of the strength of the s	y), hay fever, or coughin had to wear a cast, or h ssions (getting knocked ted illness (heat stroke)	g spells after en ad an injury to out)?	exercising o any joi	g? nt?			Yes Yes Yes		No No No		Don Don Don	i't Kno i't Kno i't Kno i't Kno
3.4.5.6.7.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concultas the athlete ever suffered a heat-relation boes the athlete have a chronic illness of	g), hay fever, or coughin had to wear a cast, or h ssions (getting knocked ted illness (heat stroke) r see a doctor regularly	g spells after en ad an injury to out)?	exercising o any joi	g? nt?			Yes Yes Yes Yes		No No No No		Don Don Don Don	ı't Kno ı't Kno ı't Kno ı't Kno ı't Kno
3.4.5.6.7.8.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concu Has the athlete ever suffered a heat-rela Does the athlete have a chronic illness or Does the athlete take any medication(s).	g), hay fever, or coughin had to wear a cast, or h ssions (getting knocked ited illness (heat stroke) r see a doctor regularly	g spells after en ad an injury to out)?	exercising o any joi	g? nt?			Yes Yes Yes Yes Yes Yes		No No No No No		Don Don Don Don Don	i't Kno i't Kno i't Kno i't Kno i't Kno i't Kno
3. 4. 5. 6. 7. 8.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concultas the athlete ever suffered a heat-relation boes the athlete have a chronic illness of Does the athlete take any medication (s) is the athlete allergic to any medications.	y), hay fever, or coughin had to wear a cast, or hassions (getting knocked ited illness (heat stroke) or see a doctor regularly?	g spells after enad an injury to out)? ? for any particu	exercising o any join	g? nt?	1?		Yes Yes Yes Yes Yes Yes Yes		No No No No No No		Don Don Don Don Don	a't Kno
3. 4. 5. 6. 7. 8. 9.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concul Has the athlete ever suffered a heat-relation Does the athlete have a chronic illness of Does the athlete take any medication (s)? Is the athlete allergic to any medications Does the athlete have only one of any page.	s), hay fever, or coughin had to wear a cast, or h ssions (getting knocked ited illness (heat stroke) r see a doctor regularly ? or bee stings? aired organs? (Eyes, ear	g spells after enad an injury to out)? ? for any particu	exercising o any join ular prob	g? nt? ollem	1?		Yes Yes Yes Yes Yes Yes Yes Yes		No No No No No No No No No		Dorn Dorn Dorn Dorn Dorn Dorn Dorn	n't Kno
 3. 4. 5. 7. 8. 9. 	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concultas the athlete ever suffered a heat-relation boes the athlete have a chronic illness of Does the athlete take any medication (s) is the athlete allergic to any medications.	s), hay fever, or coughin had to wear a cast, or has sions (getting knocked ited illness (heat stroke) race a doctor regularly? For bee stings? Aired organs? (Eyes, earware that caused the atheres)	g spells after enad an injury to out)? ? for any particu	exercising o any join ular prob	g? nt? ollem	1?		Yes Yes Yes Yes Yes Yes Yes		No No No No No No		Dorn Dorn Dorn Dorn Dorn Dorn Dorn	n't Kno
3. 4. 5. 6. 7. 8. 9.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concul Has the athlete ever suffered a heat-relation Does the athlete have a chronic illness of Does the athlete take any medication (s)? Is the athlete allergic to any medications Does the athlete have only one of any particular than the athlete had an injury in the last years.	g), hay fever, or coughin had to wear a cast, or has sions (getting knocked ited illness (heat stroke) is see a doctor regularly? For bee stings? Faired organs? (Eyes, earward that caused the atheion?	g spells after enad an injury to out)? ? for any particular, s, kidneys, test	exercising o any join ular prob	g? nt? ollem	1?		Yes Yes Yes Yes Yes Yes Yes Yes		No No No No No No No No No		Don Don Don Don Don Don Don	n't Kno
3. 4. 5. 6. 7. 8. 9. 10.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concul Has the athlete ever suffered a heat-relative Does the athlete have a chronic illness of Does the athlete take any medication (s) is the athlete allergic to any medications. Does the athlete have only one of any part of the athlete had an injury in the last ye consecutive days of practice or competitive.	s), hay fever, or coughin had to wear a cast, or has ssions (getting knocked ited illness (heat stroke) resee a doctor regularly? For bee stings? For bee stings?	g spells after enad an injury to out)? ? for any particular, kidneys, testolete to miss 3 r? ation in usual	exercising o any join ular prob	g? nt? ollem	1?		Yes Yes Yes Yes Yes Yes Yes Yes Yes		No		Don Don Don Don Don Don Don	i't Kno
3. 4. 5. 6. 7. 8. 9. 10. 11.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concul Has the athlete ever suffered a heat-relation Does the athlete have a chronic illness of Does the athlete take any medication (s) Is the athlete allergic to any medications. Does the athlete have only one of any particular that the athlete had an injury in the last y consecutive days of practice or competit. Has the athlete had surgery or been hos because of illness, or has the athlete had	s), hay fever, or coughin had to wear a cast, or his sions (getting knocked ited illness (heat stroke) in see a doctor regularly? For bee stings? Aired organs? (Eyes, earward that caused the atheion? It pitalized in the past year secutive days of participil a medical illness diagning.	g spells after enad an injury to out)? ? for any particular, kidneys, test allete to miss 3 r? ation in usual osed that has	exercising o any join ular prob	g? nt? ollem	1?		Yes Yes Yes Yes Yes Yes Yes Yes Yes		No N		Don Don Don Don Don Don Don Don	n't Kno
3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concultation Has the athlete ever suffered a heat-relation Does the athlete have a chronic illness of Does the athlete take any medication (s) Is the athlete allergic to any medications Does the athlete have only one of any particle of the athlete had an injury in the last of the consecutive days of practice or competitations. Has the athlete had surgery or been hose that the athlete missed more than 5 consecutive of illness, or has the athlete had resolved in the past year? Are you, the athlete, worried about any	g), hay fever, or coughin had to wear a cast, or hissions (getting knocked ited illness (heat stroke) in see a doctor regularly? For bee stings? Faired organs? (Eyes, early year that caused the atheion? Potalized in the past year secutive days of participe is a medical illness diagnorproblem or condition at	g spells after enad an injury to out)? ? for any particular, the selection of the selection	exercising o any join ular prob	g? nt? ollem	1?		Yes		No		Don Don Don Don Don Don Don Don	t't Kno
3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Does the athlete have asthma (wheezing Has the athlete ever had a broken bone, Does the athlete have a history of concultant Has the athlete ever suffered a heat-relation Does the athlete have a chronic illness of Does the athlete take any medication (s)? Is the athlete allergic to any medications Does the athlete have only one of any particular than the athlete had an injury in the last your consecutive days of practice or competitant Has the athlete had surgery or been host because of illness, or has the athlete had resolved in the past year?	g), hay fever, or coughin had to wear a cast, or hissions (getting knocked ited illness (heat stroke) in see a doctor regularly? For bee stings? Faired organs? (Eyes, early year that caused the atheion? Potalized in the past year secutive days of participe is a medical illness diagnorproblem or condition at	g spells after enad an injury to out)? ? for any particular, the selection of the selection	exercising o any join ular prob	g? nt? ollem	1?		Yes		No		Don Don Don Don Don Don Don Don	n't Kno



PHYSICAL EXAM-TO BE COMPLETED BY PHYSICIAN

Last Name						First Name				Middle			
/ /					☐ Male		☐ Female						
			Birth Date										
leig	ht:	Ft	inches	We	eight:	Lbs.	Pulse:		Blood P	ressure:			
sion	:												
		F	Right:	/	uncor	rected		Right:	/	correcte	d		
Right: / 				/	uncorrected			Left:	/	correcte	d		
			'		Normal			Abnormal Find			Initials		
1.	Eyes				110111101			, ionomiai i ma	65		- Include		
2.	· ·	se, Throa	at										
3.	Mouth 8												
4.	Neck												
5.	Cardiova	ascular											
6.	Chest &	Lungs											
7.	Abdome												
8.	Skin												
9.	Genitali	a-Hernia	(male)										
10.	Musculo	skeletal:	ROM, streng	th, etc.									
11.	a.	Neck											
12.	b.	Spine											
13.	c.	Should	ers										
14.	d.	Arms /	Hands										
15.	e.	Hips											
16.	f.	Thighs											
17.	g.	Knees											
18.	h.	Ankles											
19.	i.	Feet											
20.	Neurom	uscular											
ease	Print /	Stamp											
hvsi	cian's Na	me:											
	t Addres												
City:						State:			Zip:				
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ysici	aii, piiysi	ciaii s ass	istailt, Of Taili	ily fluise pro	ictitioner. (D	octor or crimo	practic ivieur	cine is not satisfe	ictory.				
										/	/		
Physician Signature									Date				
AR'	TICIPATI	ON REST	TRICTIONS:										