Sports Physical Form

Vame: Gender: M F Date of Birth: Tather's Name: Daytime phone, pager, cell phone: Mother's Name: Daytime, phone, pager, cell phone:						
Father's Name: Daytime pho	Daytime phone, pager, cell phone:					
Mother's Name: Daytime, pho	Daytime, phone, pager, cell phone:					
Street address:	71 8, 1		7-31			
City: State: Zip Code:	Home phone					
Alternate Emergency Contact Person:	Daytime phone	2:				
Street address: City: State: Zip Code: Home phone: Alternate Emergency Contact Person: Daytime phone: Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc.:						
Medical History:						
Athletes and parents: This health record is a critical element in the						
Please take the time to read and answer all questions before seeing	g a physician for the ath	ilete's p	physical	examination.		
1. Has anyone in the athlete's family (grandparents, mother, father, brouncle) died suddenly before age 50?	ther, sister, aunt,	YES	NO	Don't Know		
2. Has the athlete ever stopped exercising because of dizziness or passe	ed out during exercise?	YES	NO	Don't Know		
3. Does the athlete have asthma (wheezing), hay fever, or coughing spe		YES	NO	Don't Know		
4. Has the athlete ever had a broken bone, had to wear a cast, or had an		YES	NO	Don't Know		
5. Does the athlete have a history of concussion (getting knocked out)?			NO	Don't Know		
6. Has the athlete ever suffered a heat-related illness (heat stroke)?			NO	Don't Know		
7. Does the athlete have a chronic illness or see a doctor regularly for a	ny particular problem?	YES	NO	Don't Know		
8. Does the athlete take any medication(s)?			NO	Don't Know		
9. Is the athlete allergic to any medications or bee stings?			NO	Don't Know		
10. Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries)		YES	NO	Don't Know		
11. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more		YES	NO	Don't Know		
consecutive days of practice or competition?		YES	NO	Don't Know		
2. Has the athlete had surgery or been hospitalized in the past year?			NO	Don't Know		
13. Has the athlete missed more than 5 consecutive days of participation in usual activities			NO	Don't Know		
because of illness, or has the athlete had a medical illness diagnosed	that has not been					
resolved in the past year?						
14. Are you, the athlete, worried about any problem or condition at this	time?	YES	NO	Don't Know		
Please give details on any "YES" answer from the above health history.						
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PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height Weight	P	Pulse Blood Pressure	
Vision: R/ uncorrected R	/	corrected L/ uncorrected L/	corrected
	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. Muskuloskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			
Street Address			
I am a licensed medical physician, physic not satisfactory.) Physician Signature	cian's assi	d him/her medically qualified to participate in sports. I also cert stant, or family nurse practitioner. (Doctor of Chiropractic Medi	icine is