

SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

NAME _____ AGE ____ GRADE ____ (Fall 2022)
 ADDRESS _____ PHONE NO. _____
 DATE OF BIRTH _____ SEX: M ____ F ____
 SPORTS _____
 PHYSICIAN _____ SCHOOL _____

This health history should be completed by the athlete and parent **BEFORE** the examination.
 YES NO 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 (hay fever, asthma, insect stings)? ____
 - e. required an operation? ____
 - f. is chronic (asthma, diabetes)? ____
2. Have you ever had an injury that:
 - a. required you to go to an emergency room or go see a doctor? ____
 - b. required you to stay in the hospital? ____
 - c. required X-rays? ____
 - d. caused you to miss 3 days of practice or competition? ____
 - e. required an operation? ____
3. Do you take any medications or pills? ____
4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? ____
5. Have you ever:
 - a. been dizzy or passed out during or before exercise? ____
 - b. been unconscious or had a concussion? ____
6. Are you able to run 1/2 mile without stopping (2 times around a track)? ____
7. Do you:
 - a. wear glasses or contacts? ____
 - b. wear dental bridges or braces? ____
8. Have you ever had a heart murmur, high blood pressure or a heart abnormality? ____
9. Do you have any allergies to medicine? ____
10. Are you missing a kidney or testicle? ____

11. Are you worried about any problems or conditions at this time? YES ____ NO ____

If so, explain: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. I acknowledge I have read, and understand, the medical release form, parental consent form, the warning of dangers, and the standards which govern athletics rules and regulations. I have received and read the following regulations: Academic Eligibility, Alcohol, Tobacco & Illegal Drugs and Eligibility Standards and Violations.

Signature of athlete _____ Date _____

Signature of parent _____ Date _____

OVER - MUST SIGN FORM ON BACK OF THIS PAGE!

Comments regarding abnormal findings:

PHYSICAL EXAMINATION RECORD

Station 2	Normal	Result	Initials
Height	_____	_____	_____
Weight	_____	_____	_____
Pulse	_____	_____	_____
Blood Pressure	_____	_____	_____

Station 3	Vision Screening
Right	_____ / _____ corrected _____ uncorrected _____
Left	_____ / _____ corrected _____ uncorrected _____

Station 4	Normal	Abnormal Findings	Initials
Eyes	_____	_____	_____
Ears, Nose, Throat	_____	_____	_____
Mouth & Teeth	_____	_____	_____
Neck	_____	_____	_____
Physical Maturity (Tanner Stage) circle one 1. 2. 3. 4. 5			

Station 5	Normal	Abnormal Findings	Initials
Cardiovascular	_____	_____	_____
Chest & Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia-Hernia (male)	_____	_____	_____

Station 6	Normal	Abnormal Findings	Initials
Musculoskeletal Exam	_____	_____	_____
a. Neck	_____	_____	_____
b. Spine	_____	_____	_____
c. Shoulders	_____	_____	_____
d. Arms/hands	_____	_____	_____
e. Hips	_____	_____	_____
f. Thighs	_____	_____	_____
g. Knees	_____	_____	_____
h. Ankles	_____	_____	_____
i. Feet	_____	_____	_____
Neuromuscular	_____	_____	_____

PARTICIPATION RECOMMENDATIONS:

- ____ 1. NO ATHLETIC PARTICIPATION
 ____ 2. LIMITED PARTICIPATION, Specific exclusions:
 ____ 3. FULL UNLIMITED PARTICIPATION
 ____ 4. CLEARANCE WITHHELD UNTIL:

Physician's Signature _____ DATE _____ PHONE _____