Sports Physical

Student or Parent: Please complete this side of the form.

Check the sport(s) that Baseball Golf Other:	Basketball Wrestling talized? y? : edications/supp	Cheerleading Volleyball	g Cross	s-Country	20 Same March	Track/Fi	eld NO
Golf Other: Have you ever been hospit If yes what for? Have you ever had surgery If yes please list what kind Are you currently taking m If yes please list: Do you have any allergies	Wrestling talized? y? : edications/sup	Volleyball					
If yes what for? Have you ever had surgery If yes please list what kind Are you currently taking m If yes please list: Do you have any allergies	y? : edications/supj	plements?				YES	NO
If yes what for? Have you ever had surgery If yes please list what kind Are you currently taking m If yes please list: Do you have any allergies	y? : edications/supj	plements?					
Have you ever had surgery If yes please list what kind Are you currently taking m If yes please list: Do you have any allergies	: edications/sup	plements?				1	
If yes please list: Do you have any allergies		olements?				- 5. -	2
Do you have any allergies						3	<u>e</u> -
If yes please list and descr		ons, bee stings)?					
Have you ever passed out		e (not from heat)	?				0
Have you ever been dizzy	during overcise	(not from boot)	0				
nave you ever been dizzy	during exercise	e (not nom neat)	(
Have you ever had chest p	pain?						
Have you ever had high bl	ood pressure?	5					2
Have you ever been told y	ou have a hear	t murmur?					2
Has your heart ever raced	or skipped bea	ats?					0
Has anyone in your family	died of heart p	roblems or sudde	en death a	at age 40 or	ounger?	2	
Does anyone in your family	y have Marfan'	s syndrome?				3	¢.
Do you have any skin prob	olems (e.g. itchi	ing, rashes, brea	king out)?			5.	
Have you ever had a head If yes please explain:	l injury (e.g. kn	ocked out or had	a concus	sion)?			2
Have you ever had a seizu	ire?					5.0	3
Have you ever had neck p	ain or a neck ir	njury?					×
Do you cough or wheeze v							2
Have you ever injured (bro	1977-1978-1979-1979-1979-1979-1979-1979-	235	tod) only	of the followin	a araaa0		14
If yes check all that apply:		spiaineu, uisioca	ateu) any t		iy aleas?		
Ankle Back	Chest/Ri					and/Fingers	Hip
Knee Neck					oper Arm	Wrist	
Have you ever had or do y Asthma Diabete Mononucleosis Sickle		ar Injuries H		(frequent) Tubercul	Hepatitis	Hernia(s) Stress Fracture	Measles
When was your last tetanu		<u></u> 2					
For Females:							
When was your first period		v old were you?_		en was your	last period?		
Are your periods: Reg Please feel free to ask the	ular/Monthly	Irregular/Skip N					

Parent/Guardian Signature:_____ Date__

Estudiante o Padre: Por favor complete este lado de la forma.

Nombre:	Edad	Año E	scolar	Mascu	lino Fen	nenino
Marque los deportes que jugara: (Otoño	Invierno	Prima	vera	_)		
Beisbol Baloncesto Porrista Golf Lucha Voleibol Otro:				Americano oftball	Track/	Field
Preguntas son si ha tenido o si tiene.					Si	NO
Ha estado hospitalizado? Si respondió si, para qué? Ha tenido cirugía? Si respondió sí, que tipo: Está tomando medicamentos o suplementos? Si respondió sí, lista por favor: Tiene alergias (ej. medicamentos piquetes de abeja Si respondió sí, por favor lista y que reacción tuvo: Se ha desmayado durante el ejercicio (no de calor)? Ha sentido mareo durante el ejercicio (no de calor)?	?					5. 5. 5.
Ha tenido dolor de pecho?						<u>s</u>
Ha tenido presión arterial alta?						2
Le han dicho que tiene un soplo en el corazón?						K
Ha tenido el corazón acelerado o tenido latidos irreg	gulares?					5
Alguien en su familia ha muerto de problemas de co edad de 40 años o menor? Alguien en su familia tiene síndrome de Marfan's?	prazón o muer	te repentin	a a la	5 K		5. 11
Tiene problemas de la piel (ej. comezón, ronchas, a	icné)?					÷.
Se ha lastimado la cabeza (ej. ha estado inconscien	nte o tenido co	onmoción c	erebral)?			<u>y</u>
Ha tenido convulsiones?						<i>k</i>
Ha tenido dolor de cuello o lesión del cuello?						K
Ha tenido tos o ronquido de pecho cuando hace eje	rcicio?					
Rodilla Cuello Espinilla/Chamorro H Alguna vez ha tenido o tiene los siguientes problema Asma Diabetes Ojo/Lesiones de Oida	Codo Pies Hombro P as médicos? :	s/Dedos ierna S Si respondi Cabeza (fre	Antebra uperior de ó si, marqu	Brazo Mu ue los que ap Hepatitis H		Sarampión
		Cuanta	s años ten	ía?		
Para mujeres: Cuando fue su primera menstruación Cuando fue su última menstruación? Sus menstruaciones son: Regular/Cada Mes	Irregular/No	Cada Mes				
Por favor no dude en hablar con el médico de cu preguntas serán confidenciales. La información						

Firma de Padre/Guardián:______Fecha:_____

Physical	Examination
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Name:_____

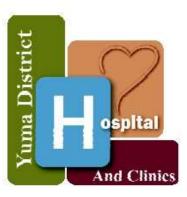
Date of Birth:

Nurse to complete this section:

BP Height_____

Weight_____ Pulse_____

Yuma District Hospital and Clinics 1000 W 8th Ave Yuma, CO 80759 970-848-5405



Provider to complete this section:

		Normal		Normal
1.	Skin		9. Abdomen	
2.	Head		10. Extremities	
3.	Eyes		11. Neurologic	12
4.	Ears, Nose, Throat		Reflexes	
5.	Neck		12. Orthopedic	2
6.	Lymphatic's		Cervical spine/back	
7.	Respiratory		Arms/elbows/wrists/hands	
8.	Cardiovascular		Hips	
	Heart (murmurs)	42	Knees	
	Pulses (radial/femoral)		Ankles/feet	
Comm	nents/Recommendations:			

Medical Clearance (as appropriate for age and development)

Full Contact/Collision Level

Limited Contact/Impact

Noncontact: Strenuous

Noncontact: Non-strenuous

Clearance deferred or no participation at this time because:

Provider Signature: MD/DO/FNP/PA Date: