

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 _____
(Entering Fall of 2018)

ADDRESS _____ PHONE _____

DATE OF BIRTH _____ SEX: M _____ F _____

SPORT/SPORTS _____

PHYSICIAN _____ SCHOOL _____

This health history should be completed by the athlete and parent **BEFORE** the examination.
YES NO YES NO

- | | |
|---|---|
| <p>1. Have you ever had an illness that:</p> <p>a. required you to stay in the hospital? ___ ___</p> <p>b. lasted longer than a week? ___ ___</p> <p>c. caused you to miss 3 days of practice or a competition? ___ ___</p> <p>d. is related to allergies (hay fever, asthma, insect stings)? ___ ___</p> <p>e. required an operation? ___ ___</p> <p>f. is chronic (asthma, diabetes)? ___ ___</p> | <p>4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? ___ ___</p> |
| <p>2. Have you ever had an injury that:</p> <p>a. required you to go to an emergency room or go see a doctor? ___ ___</p> <p>b. required you to stay in the hospital? ___ ___</p> <p>c. required X-rays? ___ ___</p> <p>d. caused you to miss 3 days of practice or competition? ___ ___</p> <p>e. Required an operation? ___ ___</p> | <p>5. Have you ever:</p> <p>a. been dizzy or passed out during or before exercise? ___ ___</p> <p>b. been unconscious or had a concussion? ___ ___</p> |
| <p>3. Do you take any medications or pills? ___ ___</p> <p>If so, list them and what they're for:

_____</p> | <p>6. Are you able to run 1/2 mile without stopping (2 times around a track)? ___ ___</p> <p>7. Do you:</p> <p>a. wear glasses or contacts? ___ ___</p> <p>b. wear dental bridges or braces ___ ___</p> |
| <p>11. Are you worried about any problems or conditions at this time? YES ___ NO ___</p> <p>If so, explain: _____</p> | <p>8. Have you ever had a heart murmur, high blood pressure or a heart abnormality? ___ ___</p> <p>9. Do you have any allergies to medicine? ___ ___</p> <p>10. Are you missing a kidney or testicle? ___ ___</p> |

I hereby state that, to the best of my knowledge, my answers to the above questions are correct

Signature of athlete _____ Date/Year _____

Signature of parent _____ Date/Year _____

SIGNATURES ALSO REQUIRED ON BACK 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/YEAR _____