

PLEASE CIRCLE EACH SPORT YOU PLAN TO PARTICIPATE IN.

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|----------|----------|---------------|------------|
| FOOTBALL | GOLF | SOCCER | VOLLEYBALL |
| CHEER | BASEBALL | CROSS COUNTRY | TRACK |
| SOFTBALL | TENNIS | BASKETBALL | |

GRADE ENTERING

20____ / ____ : _____

MARION SCHOOL DISTRICT ATHLETIC HEALTH EXAMINATION

NAME _____ DATE _____ BIRTHDATE _____

HT. _____ Pulse _____ Vision R _____ L _____ Date of last D.T. _____

WT. _____ B.P. _____ Glasses _____ Contacts _____

HEALTH HISTORY:

- | | |
|--|--|
| <p>1. Have you ever had an illness or injury that:</p> <p>a. required you to stay in the hospital? _____</p> <p>b. lasted more than a week? _____</p> <p>c. caused you to miss 3 days of practice or a competition? _____</p> <p>d. is related to allergies? (i.e., hay fever, asthma, insect stings) _____</p> <p>e. required an operation? _____</p> <p>f. is chronic? (i.e., asthma, diabetes, etc.) _____</p> <p>2. Have you had an injury that required X-rays? _____</p> <p>3. Have you ever had a seizure? _____</p> <p>4. Has any member of your family under age 50 had a heart attack, heart problem, or died unexpectedly? _____</p> <p>5. Have you ever:</p> <p>a. been dizzy or passed out during or after exercise or from heat? _____</p> <p>b. been unconscious or had a concussion? _____</p> <p>c. Are you able to run 1/2 mile (2 times around the track) without stopping? _____</p> <p>6. Do you:</p> <p>a. wear glasses or contacts? _____</p> <p>b. wear dental bridges, plates, or braces? _____</p> | <p style="text-align: center;">Yes NO</p> <p>7. Have you ever had a heart murmur, high blood pressure, or a heart abnormality. _____</p> <p>8. Do you have any allergies to any medicine? _____</p> <p>9. Are you missing any organs? (i.e., kidney, eye or other)? _____</p> <p>10. List all medications you are presently taking and what condition the medicine is for:</p> <p>a. _____</p> <p>b. _____</p> <p>11. Are you worried about any problem or condition at this time?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>It YES, please explain: _____</p> <p>12. Menarche _____ LMP _____ Abnormalities _____</p> <p>Nurses Signature _____</p> |
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	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Eyes			Musculoskeletal: ROM, Strength,		
Ears, Nose, Throat			Neck/Spine		
Mouth, Teeth			Spine		
Neck			Shoulders		
Cardiovascular			Arms/Hands		
Chest & Lungs			Hips/Thighs		
Abdomen			Knees		
Skin			Ankles/Feet		
Genitalia- Hernia (male)			Neuromuscular		

Physical Maturity (Tanner Stage) 1 2 3 4 5

PARTICIPATION RECOMMENDATIONS:

1. No participation in: _____
2. Limited participation in: _____
3. Requires: _____
4. Full participation in: _____

White Copy - Co Athletic Office
Yellow Copy - School Nurse
Pink Copy - Parent

Physician Signature _____ Date: _____