

MAGNOLIA PUBLIC SCHOOLS
2020 – 2021 School Year
PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Name (PRINT): _____ Grade (FALL 2020): _____

Date of Birth: ____/____/____ Sex (M/F): _____ Height: _____ Weight: _____

Blood Pressure: ____/____ Corrected (Glasses/Contacts): Y N

Allergies: _____

Current Medications: _____

The Physical Exam Form must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted.

SIGNIFICANT MEDICAL HISTORY

	POSITIVE	NEGATIVE	COMMENTS
Head & Neck			
Heart			
Lungs			
Abdomen			
Genitals			
Orthopedic			

PHYSICAL EXAM

	POSITIVE	NEGATIVE	COMMENTS
Eyes/Ears/Nose/Throat			
Neck (Lymph Nodes)			
Heart			
Lungs			
Abdomen			
Hernia (<i>males only</i>)			
Orthopedic			

POSITIVE FINDINGS (if any): _____

RECOMMENDATIONS: _____

FOLLOW-UP: _____

The above mentioned has been examined, and he/she is physically able to engage in competitive contests.

(Physician/Physician Assistant/Nurse Practitioner)

(Date)

MEDICAL HISTORY

Name (PRINT): _____ Grade (FALL 2020): _____ Sex (M/F): _____

Sport or Sports: _____

Explain "YES" answers below:

1. Have you ever been hospitalized? _____ YES _____ NO
2. Are you presently taking any medications or pills? _____ YES _____ NO
3. Do you have any allergies (medicine, bees, or other stinging insects)? _____ YES _____ NO
4. Have you ever passed out during or after exercise? _____ YES _____ NO
5. Have you ever had chest pains during or after exercise? _____ YES _____ NO
6. Have you ever had high blood pressure? _____ YES _____ NO
7. Have you ever been told you have a heart murmur? _____ YES _____ NO
8. Have you ever had racing of your heart or skipping heart beats? _____ YES _____ NO
9. Has anyone in your family died of heart problems or sudden death before age 50? _____ YES _____ NO
10. Have you ever had a head injury? _____ YES _____ NO
11. Have you ever been knocked out or unconscious? _____ YES _____ NO
12. Have you ever had a seizure? _____ YES _____ NO
13. Have you ever had heat related muscle cramps? _____ YES _____ NO
14. Have you ever been dizzy or passed out due to heat related problems? _____ YES _____ NO
15. Do you wear glasses or contacts? _____ YES _____ NO
16. Have you ever sprained/strained, dislocated, fractured, or had repeated swelling or other injuries of any bones or joints? _____ YES _____ NO

_____ Head _____ Neck _____ Chest _____ Shoulder _____ Elbow _____ Forearm _____ Wrist _____ Hand

_____ Back _____ Hip _____ Thigh _____ Knee _____ Shin/Calf _____ Ankle _____ Foot

17. Have you had any other medical problems (infectious mononucleosis, diabetes, etc)? _____ YES _____ NO
18. Are you currently under a doctor's care? _____ YES _____ NO
19. Are you missing any paired organs? _____ YES _____ NO
20. When was your last tetanus shot? _____

(FEMALES ONLY)

21. When was your first menstrual period? _____
22. When was your last menstrual period? _____
23. What was the longest time between your periods last year? _____

Explain "YES" answers: _____

I know that unanticipated and unexpected dangers may arise during competitive athletics, and I assume all risks of injury to my child. I also assume any risk in relation to the physical examination undertaken to allow me to engage in competitive athletics, and understand that such physicals may not show possibilities for dangers that may arise during competitive athletics. I agree and assume that risk, discharge, and hold harmless Magnolia Regional Medical Center and all persons taking part in administering the athletic pre-participation physical examinations.

I also grant permission for the release of medical information contained on this form as well as the pre-participation physical examination to the proper school personnel including the Athletic Trainer, Coaches, and School Nurses.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____