

Beebe Athletics Physical Form

Full Name (Print) _____ **Age** _____ **Current Grade** _____ **Sport(s)** _____

Athlete's Cell Number _____ **Parent/Guardian Cell Numbers** _____

List any concerns that you want to discuss with the physician on the line below. **Height** _____ **Weight** _____

1. _____

Past Medical History: Since your pre-participation physical examination last year, have you had any of the following? If yes, please explain what / where / when. **Please make medications legible.**

- | | No | If Yes Explain |
|--|-----------|-----------------------|
| 1. Any surgical operations or accidents requiring ER help? | _____ | _____ |
| 2. Any medical illnesses requiring treatment or medication? | _____ | _____ |
| 3. Presently prescribed medication (including birth control pills, inhalers, epi-pens, etc)? | _____ | _____ |
| 4. Taking any supplements (vitamins, protein, creatine, etc)? | _____ | _____ |
| 5. Allergic to medicine, food, bee stings, or pollen? | _____ | _____ |
| 6. Any difficulty breathing or frequent coughing with exercise? | _____ | _____ |
| 7. Any neck or back injuries including stingers, nerve root injuries, herniated discs, or spinal column fractures? | _____ | _____ |
| 8. Any concussions or head injuries involving loss of consciousness, seizure, headache, or dizziness? | _____ | _____ |
| 9. Any other injuries directly related to sports participation that have not already been mentioned? | _____ | _____ |
| 10. Any heat related problems (Heat Exhaustion or Heat Stroke)? | _____ | _____ |
| 11. Any fainting, dizziness, or severe fatigue with exercising? | _____ | _____ |
| 12. Anyone in your family / extended family die before age 40 due to illness (Heart, Stroke, Cancer)? | _____ | _____ |

Review of Systems: Please check if you have developed any new problem to the following areas of your body.

Skin _____ Eyes _____ Mouth / Throat _____ Lungs _____ Heart / Blood _____ Abdomen _____ Urination / Bowel _____
 Genital _____ Mental/Emotional/Depression _____ Muscle Fatigue / Feel Tired _____ Nutrition / Weight Control _____

I certify that the above information is correct to the best of my knowledge.

Student Signature _____ **Date** _____

-----For Medical Personnel Only-----

Height _____ **Weight** _____ **Blood Pressure** _____ **Pulse** _____

	Normal	Abnormal Findings	Initial
Cardiopulmonary			
Pulses			
Heart			
Lungs			
Musculoskeletal			
Other			

- Clearance:** **A.** Cleared
(Circle One)
- B.** Cleared after completing evaluation / rehabilitation for _____
- C.** Not cleared due to _____

Recommendations: _____

Provider Name _____ **Provider Signature** _____ **Date** _____

Clinic Name _____ **Phone Number** _____

Requirement for Every Student Athlete

The Arkansas Activities Association requires every student athlete, along with their parent/guardian, to read the Sports Medicine Fact Sheet. This provides important information regarding exertional heat stroke, MRSA, concussions, and sudden cardiac arrest. Also, the Beebe Athletics Department needs you to provide your contact information, and give consent for your child to participate in athletics. We have consolidated all of these documents into a google form. Please follow these instructions to complete the form:

- Go to the badger athletics webpage: www.badgerball.org
- Click on the “[Forms](#)” heading towards the top of the page.
- Click on the “[Beebe Athletics Contact Information and Consent Form](#)”
- Fill out the google form and click “[Submit](#)”

The disclaimer below only needs to be signed if your child is receiving a free physical from the school.

Disclaimer

I understand that this free sports physical provided at the school is not an extensive physical exam. It is a brief screening exam that looks for abnormalities. I understand that this is sufficient for participation in athletics at school. However, I realize that in order to receive a more extensive examination I would need to make an appointment with my child’s primary physician.

Signature of Parent/Guardian

Date