## ROSEMARY CLARKE MIDDLE SCHOOL

NAME:	
	Grade (22-23): 6 7 8

## Circle all activities student is planning to participate in:

 $Football-Volleyball-Golf-Basketball-Track\ \&\ Field-Cheer-Dance-Cross\ Country-Manager$ 

PHYSICAL EXAMINATION	(Physical to be completed every year of participation)  DATE OF EXAMINATION:							
IAME: DATE OF BIRTH:		D.	TE OF EXAMINATION.					
IEIGHT: WEIGHT: % BODY FAT	(optional): PULSE: B	P:/(/_	,/) VISION: R 20/ L 20/ CC	DRRECTED: Y / N PUPILS: Equal				
Jnequal								
MEDICAL	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS				
Appearance								
Eyes/Ears/Nose/Throat								
Lymph Nodes								
Lungs								
Abdomen								
Genitalia (Males Only)								
Skin								
CARDIOVASCULAR								
Murmur that Increases From Supine to Standing								
Systolic Murmur Greater Than II/VI								
Any Diastolic Murmur								
Radial & Femoral Pulses								
MUSCULOSKELETAL								
Neck								
Back								
Shoulder / Arm								
Elbow / Forearm								
Wrist / Hand								
Hip / Thigh								
Knee								
Leg / Ankle								
Foot		20						
Stigmata of Marfan's Syndrome								
RED after completing evaluati	on/rehabilitation for	:						
CLEARED FOR: REASON: ommendations:								
ommendations: ne of physician (print/type): Pho	one:							

Signature of Health Practitioner License Number Office Phone Number Date Revised 5-2010; June 2012

Do you have a chronic medical condition (ashtma, diabetes, high blood pressure, etc.)?			FORM B NIAA P	RE-PARTICIPAT	ION HISTORY	Y FORM	
SCHOOL: SPORTS: PERSONAL PRISONAL PRISONAL NICASE OF SEMERGENCY. CONTACT - NAME: RELATIONSHIP: PHONE (H): Wi: RELATIONSHIP: PHONE (H): RELATIONS YOU DON'T KNOW THE ANSWERS TO.  **CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.  **CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.  **YES AND A have you aware been hospitalized overing: A have you aware been recorded you predictions not sharp in the secretics of the hard and you have a secretary history is your family of hypertopic cardiomycally, dislated cardiomycally long CI syndrome or Marfart syndrom?  **I. Have you had a head in link or a hard your been knowed out A cancer uncroations on the your amount of the head of link your controlled you perclaims have produced by a perclaim have produced by a perclaims have produced by a perclaim have produced by a perclaims have produced by a perclaim have produced by a perclaim have produced by a perclaim have provided by a perclaim have produced by a perclaim have provided by							
PHONE: PERSONAL IN CASE OV RELATIONSHIP: (W):				SEX:	AGE:	_ D.O.B.:	GRADE:
PHONE (H): (W):							
EXPLAIN "YES" ANSWERS BELOW CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.  2 How you ever boar inspitation of common and the property of the							
PHONE (H): (W):	PHYSICIAN	N:	-				IN CASE OF
EXPLAIN "YES" ANSWERS BELOW CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.  YES NO Do you have a chronic medical condition (ashma, disbetes, high blood pressure, etc.)?  2. Have you aver been hospitalized overnig 3. Are you currently taking any reception or non-prescription (over-the-counter) medications or pilo or using an inhale?  100 you have an yellings (for example, lot pollen, meticine, food, or stinging interescolar disease at a malative yourger have age off?  2. Have you had chest part (or pressure) with exercise?  3. Is there you had chest part (or pressure) with exercise?  4. Is the set by history in your family or hopertoripic cardiornyprotection or cardiovaccular disease at a malative younger have age off?  5. Is there you had excessive unexplained shortness of breath or facility with exercise.  6. Is there say history in your family or hopertoripic cardiornyprotection.  6. Is the set which is the set of the pressure of the pressur	EMERGEN	CY, CONTACT - NAM	E:		···		RELATIONSHIP:
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.  YES NO you have a chronic medical condition (ashma, diabetes, high blood pressure, etc.)?  2. Have you and very one ever been hospitalized overing a continuation of the counter) medications or pills or using an inhaler?  3. Are you currently taking any prescription of non-prescription (over-the-counter) medications or pills or using an inhaler?  A law you have any allegias (for example, to pollen, medicine, food, or singing invect)?  4. Have you had develop and or pressure you be secrete?  4. Is there a family history of premature death or morbidly from cardiovascular disease in a relative younger than age 5th?  5. It have you had be are a family history of premature death or morbidly from cardiovascular disease in a relative younger than age 5th?  6. Is there any history in your lamily of hypertopic cardiomycaptaly, fungs or bilaters?  7. It has a physician indense or restricted your participation in sports for any heart problem?  5. It have you be an investigation of the problem?  6. It have you be an investigation or severe headcaches?  7. It has a physician dense or cardiovascular strugger or believers or investigation on your disease or will all the properties of the problem?  7. It has a physician dense or will be a severe or example, thing rades, serve, warts, fungue or bilaters?  7. It have you be been discovered by a severe or corrective equipment or evere headcaches?  8. Are you be an any problems with your depes or vision?  9. Are you actively your goes or vision?  10. In do or orthock, relatiner on your teets, hearing abid?  10. A Prescription of your goes or vision?  11. a you had any problems with pour ore year vision?  12. a you had any problems with pour ore year vision?  13. Are you actively your goes or vision?  14. Would you like to talk to someone about stress, anger, depression or other issues?  15. Record the dates of your most recent immunizations (shots) for:  16. Televancy of the last year?  16. Hereby certify that I am a licensed  16. He			PHONE (H):		(W):		
Do you have a chronic medical condition (asthmat, diabetes, high blood pressure, etc.)? 2. Have you ever been hospitalized overing John values and provided the provided of th						SWERS TO.	
Shoulder Finger(s)Ankle	Do you have a crcise?	3. Are you currently take any allergies (for example, and chest pain (or pressure) or d. Is there a family set there any history in your as a physician denied or reany current skin problems ( b. Have you become any special protective or contics, retainer on your teeth problems with your eyes or problems with pain or swel Head Elbow Neck Forea Back Wrist Wrist Back Wrist Read Elbow Neck Forea Back Wrist Wrist Read Wrist Read Wrist Wrist Read Wrist Write	ing any prescription or non- to pollen, medicine, food, with exercise? history of premature deat family of hypertropic card stricted your participation ir for example, itching, rashese e you been knocked out, be equent or severe headache ome ill from exercising in the prective equipment or device, hearing aid)? vision? ling in muscles, tendons, be full from Thigh Thigh Knee	ces that aren't usually  b. Do you wear ol.	ad excessive uner ardiovascular diseardiovascular diseardiomyopathy lor problem?	ions or pills or using a5. a. Have you pa  xplained shortness of ease in a relative young QT syndrome or7. a7. a d numbness or tinglial cough, wheeze, or h afte ort or position (for ex- tiney, testicle or ovary	an inhaler?assed out or been dizzy during assed out or fatigue with exercise unger than age 50?  Have you had a head injury of a compart of the compart
Upper Arm		Chest Hand	Shin/Calf				
Are you actively trying to gain or lose weight?		Upper Arm 1	Foot Toe(s)				
Hepatitis B	Are you active	ely trying to gain or lose we	ight?	14. Would you like to	talk to someone a	about stress, anger, o	depression or other issues?
When was your first menstrual per When was your most recent mens riod? How much time do you usually I must be start of one period to the start of another? How many periods have you the last year? What was the longest tween periods in the last year? What was the longest tween periods in the last year? Phone: ress: City State Zip Code and have reviewed the informatis FORM B prior to conducting a physical examination for the assigned student.	<del></del>	10. Necord the dates t	_ Measles			retailus	
When was your first menstrual per  When was your most recent mens  when was your most recent mens  when was your most recent mens  How much time do you usually  How many periods have you  what was the longest  ween periods in the last year?  What was the longest  when was your most recent mens  How much time do you usually  what was the longest  when periods in the last year?  What was the longest  when Prior in the last year?  City State Zip Code  hereby certify that I am a licensed, and have reviewed the informatis FORM B prior to conducting a physical examination for the assigned student.	Hepatitis	В	Chicker	прох			
When was your most recent mens how much time do you usually me the start of one period to the start of another?	MALES ON	LY			_		
me the start of one period to the start of another?	•	When		•			•
the last year?							•
Name of physician (print/type):  City State Zip Code hereby certify that I am a licensed, and have reviewed the informanis FORM B prior to conducting a physical examination for the assigned student.							
Name of physician (print/type):	the last year	r?					What was the longest ti
Name of physician (print/type):	ween period	s in the last year?					
City State Zip Code hereby certify that I am a licensed, and have reviewed the informatis FORM B prior to conducting a physical examination for the assigned student.    Auture of Health Practitioner License Number Office Phone Number Date	LAIN "YES"	ANSWERS HERE:					
City State Zip Code hereby certify that I am a licensed, and have reviewed the informatis FORM B prior to conducting a physical examination for the assigned student.    State Zip Code	Name of phy	vsician (print/type):	·			Phone: _	
City State Zip Code hereby certify that I am a licensed, and have reviewed the informathis FORM B prior to conducting a physical examination for the assigned student.    Comparison of the Information of the Information for the Infor	dress:						Str
his FORM B prior to conducting a physical examination for the assigned student.  License Number Office Phone Number Date	<del></del>			City State Zip Code			0(
	his FORM	herehereherehere	eby certify that I am a l physical examination	icensed for the assigned	student.	, and hav	re reviewed the information
	ature of Heal	th Practitioner License Nur	nber Office Phone Number	Date			
nereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.			<del></del>		augotions ==:	nomniste ===! =	
	iereby stat	e mat, to the best of m	y knowleage, my ansv	wers to the above	questions are	complete and col	rrect.
Signature of Athlete Signature of Parent/Guardian Date			Characterist of Ail 1	- Ci ' -			

<sup>\*\*</sup> Revised 5-2010; June 2012