

# Physical Examination

**Physicians: Please complete all the information below**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BP: \_\_\_\_\_

*BP Reference Range:*

*10-12 y/o, > 125/80*

*13-15 y/o, > 135/85*

*16-18 y/o, > 140/90*

Vision: (L) 20/\_\_\_\_\_ (R) 20/\_\_\_\_\_

(B) 20/\_\_\_\_\_

Corrected Y/N (circle one)

Vision Reference Range: Is corrected or uncorrected vision better than 20/50 with both eyes?

**Cardiopulmonary Examination:**

	Normal	Abnormal	Explain
Lungs	L _____	_____	_____
Pulse	P _____	_____	_____
Heart	H _____	_____	_____

**Musculoskeletal Screening:**

Neck	N _____	_____	_____
Shoulder	S _____	_____	_____
Elbow	E _____	_____	_____
Wrist	W _____	_____	_____
Hand	H _____	_____	_____
Back	B _____	_____	_____
Knee	K _____	_____	_____
Ankle	A _____	_____	_____
Foot	F _____	_____	_____

**Other:** (Physical examination pertinent to historical information)

**Recommendation:**

\_\_\_\_\_ 1. Pass

\_\_\_\_\_ 2. Pass with restrictions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 3. Deferred until: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 4. Failed, reason as to: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Sports Physical Examination

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Male          Female          (Circle One)

**Circle the Sports you Play:**

- |               |            |
|---------------|------------|
| Baseball      | Basketball |
| Cheerleading  | Swimming   |
| Field Hockey  | Football   |
| Softball      | Track      |
| Volleyball    | Wrestling  |
| Cross-country | Diving     |
| Golf          | Soccer     |
| Other _____   |            |

Instructions: Please review all questions below and answer them as truthfully as possible. It is important to include all pertinent information. Parents or guardians must sign below.

- |  | Yes   | No    | Explain |
|--|-------|-------|---------|
| 1. Has anyone in your family died suddenly before the age of 50?                             | _____ | _____ | _____   |
| 2. Have you ever passed out or felt dizzy during exercise?                                   | _____ | _____ | _____   |
| 3. Do you have asthma or allergies?  | _____ | _____ | _____   |
| 4. Have you ever broken a bone, worn a cast, or injured a joint? (such as, an ankle or knee) | _____ | _____ | _____   |
| 5. Have you ever been knocked-out (concussion)?  | _____ | _____ | _____   |
| 6. Do you have a chronic illness or see a doctor regularly?                                  | _____ | _____ | _____   |
| 7. Do you have only one of a normally paired organ? (such as eyes, kidneys, etc.)            | _____ | _____ | _____   |
| 8. Do you consider your current weight ideal?<br>If no, write your ideal weight. _____ lbs.  | _____ | _____ | _____   |
| 9. Do you take medication regularly?   | _____ | _____ | _____   |

**For Women Only:**

10. How old were you when you had your first period? \_\_\_\_\_ years
11. Do you have regular periods?    Yes    No    (Circle One)
12. How many periods did you have during the last 12 months? \_\_\_\_\_ number of periods

I have reviewed the above questions with my son or daughter and I give permission for my child to undergo the Preparticipation Physical Examination and to participate in sports.

Please Specify:                  Health Insurance: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_