

School & Sports Qualifying Screening Evaluation

A physical examination is required prior to the participation of a student in athletic activities. When completed, please return it to the office. All physicals must be done after May 1st, this certifies that the athlete is qualified for the following year and summer.

Student Name _____
 Address _____
 City/Zip _____ Telephone _____
 Date of Birth: _____ Age _____ Male _____ Female _____
 Grade _____
 Family Physician & Telephone _____

EXAMINATION

Ht _____ Wt _____ BP _____ / _____ Pulse _____
 Distant Vision R _____ L _____
 Near Vision R _____ L _____

Labs (If required)
 UA dip: Ap _____ col _____ sp gr _____ pH _____ Pr _____ sug _____ Ket _____
 Bld Bil _____ Uro _____ leuk _____ nitr _____
 Hgb _____

PLEASE COMPLETE PRIOR TO EXAMINATION

HISTORY	YES	NO
1. Have you ever fainted during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has anyone in your family died suddenly? Before age 35? _____ Before age 50? _____ Cause _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had heat stroke or heat exhaustion?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you wheeze or cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you take any medications? (include vitamins and non prescription drugs) _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you use seat belts on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you use tobacco or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any concerns you would like to discuss? (Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other)	<input type="checkbox"/>	<input type="checkbox"/>
11. Circle any of the following you have had:		
Abnormal bleeding/bruising Broken bones/stress fracture Dislocation (shoulder, etc.) Heart murmur/palpitations High blood pressure Undescended testicle Other _____	Anemia Anxiety Depression Diabetes Seizures	

Additional Comments: _____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Parent Signature _____ Date _____
 (Parent or Legal Guardian)

Student Signature _____ Date _____

MEDICAL EXAM

	Normal	Abnormal	Comments
HEENT			
Eyes	_____	_____	_____
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro.	_____	_____	_____

IMMUNIZATIONS:

Tdap _____ HPV _____ Meningococcal _____ Prevnar _____
 Influenza _____ Other _____

PHYSICIAN CERTIFICATION:

I hereby certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions: _____

Deferred pending further evaluation for _____

A copy of this form should go with this individual to all sporting activities.

Required medication: _____

Physician Signature: _____ Date: _____

