

SCHOOL PHYSICAL

LASTNAME _____ FIRSTNAME _____ SSN# _____

Medical History – to be filled out by parent or guardian

Please answer the following questions by circling yes or no. **If you answer yes, please explain on back page.**

- | | | |
|---|-----|----|
| 1. Have you ever had a serious medical problem requiring:
Surgery? Hospitalization? Prolonged treatment? | Yes | No |
| 2. Do you take any medication of any type? | Yes | No |
| 3. Have you ever had a severe allergic reaction? | Yes | No |
| 4. Have you ever had hay fever, asthma, or eczema? | Yes | No |
| 5. Do you have difficult breathing or wheezing with exercise? | Yes | No |
| 6. Have you ever had a heart murmur, racing heart or irregular heart beat? | Yes | No |
| 7. Have you ever been dizzy or passed out during exercise? | Yes | No |
| 8. Has any family member ever had a heart attack or died before age 50? | Yes | No |
| 9. Do you have chest pain or tire more easily than others your age when exercising? | Yes | No |
| 10. Have you ever suffered heat-related problems such as heat cramps, severe headache, dizziness or passing out? | Yes | No |
| 11. Have you ever had a significant injury such as a sprain? Fracture? or dislocation to a bone or joint? | Yes | No |
| 12. Have you ever had a concussion or been knocked unconscious? | Yes | No |
| 13. Have you ever had a seizure? | Yes | No |
| 14. Have you ever had burning pain, numbness or tingling in your arms or legs associated with exercise? | Yes | No |
| 15. Is there any other medical or family history which might be important? | Yes | No |
| 16. Have you ever been taken out of or kept from participating in a sports activity or practice for an injury or physical reason? | Yes | No |
| 17. Have you ever required taping, padding or bracing before events or practice? | Yes | No |
| 18. Do you have damage or absence of one of any paired organs? (kidney, testicle, eye, etc?) | Yes | No |
| 19. Do you have any skin problems? Rashes? Itching? Flaky feet? | Yes | No |
| 20. In the past year, how much weight have you gained or lost? _____ | | |

Females only:

21. What is the date of your last menstrual period? _____

22. In the last year, have you gone for 3 months or more without a period? Yes No

Physical Examination – to be filled out by a licensed professional

Height _____ Blood Pressure _____ Weight _____ Pulse _____

Vision R Corrected _____ Uncorrected _____ L Corrected _____ Uncorrected _____

Circle: Glasses? _____ Contacts? R? L? Both _____ Prostheses? _____

General Observation: _____

Tanner maturity staging? _____

HEENT _____

Neck: ROM _____ Palpation _____ Tenderness _____ Bruit _____

Chest: _____

CV: Murmur? _____

Grade _____ Increase with Valsalva? _____ Diastolic? _____

Rhythm _____ Click _____ Rub _____ Edema _____ Cyanosis _____

Pulses: Carotid _____ Radial _____ Pedal (DP _____ PT _____)

Abdomen _____

Organomegaly _____ Hernia _____ Scars _____

GU Male: _____ Testicles R _____ L _____

Inguinal Hernia _____

Female: _____

Skin: General: _____ Piercing? Tattoo? _____

Rashes _____ (feet?) Impetigo? _____ Herpes S. _____

**MS: Shoulder _____ Elbow _____

Wrist/hand _____ Back _____

Hip _____ Ankle _____

Knee _____ Feet _____

Other _____

** Requires detailed exam if history of injury or problem

*Marfan – Requires Additional Eval >2 of the following (tall _____ Striae _____

Hyperextensibility _____ Double Jointed _____ Upper to lower ratio <0.9 _____

Identified problems: 1. _____

2. _____

Recommendation for coach or trainer: _____

The above named individual has been cleared for participation in the following sports:

_____ Contact, collision (football, soccer, wrestling, etc.)

_____ Limited contact/impact (baseball, basketball, volleyball)

_____ Noncontact, strenuous (track, field, running, tennis, etc.)

_____ Noncontact, moderately strenuous (badminton, table tennis)

_____ Noncontact/nonstrenuous (golf, archery, riflery)

Additional evaluation suggested: Please Circle Recommendation

None Coach/trainer notification and clearance Physician

Physician/NP Signature: _____ Date _____

TB SKIN TEST REQUIRED FOR ALL NEW STUDENTS

Admin by: _____ Date: _____ Site _____

Read by: _____ Date: _____ Result: _____

Question # _____ **Explanation** _____

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