

Physical Examination

To Be Completed by Student and/or Parent

Name _____ Sex _____ Age _____ DOB _____
Grade _____ Sport(s) _____
Personal Physician _____

Explain "Yes Answers Below:

- Yes ___ No ___ 1. Have you ever been hospitalized? _____ Have you ever had surgery? _____
Yes ___ No ___ 2. Are you presently taking any medications of pills?
Yes ___ No ___ 3. Do you have any allergies? (medicine, bees, other insects, foods)
Yes ___ No ___ 4. Have you ever passed out after exercise?
Yes ___ No ___ 5. Have you ever been dizzy during or after exercise?
Yes ___ No ___ 6. Have you ever had chest pain after exercise?
Yes ___ No ___ 7. Do you tire more quickly than your friends during exercise?
Yes ___ No ___ 8. Have you ever had high blood pressure?
Yes ___ No ___ 9. Have you ever been told you have a heart murmur?
Yes ___ No ___ 10. Have you ever had racing of your heart or skipped heartbeats?
Yes ___ No ___ 11. Has anyone in your family died of heart problems or sudden death before age 50?
Yes ___ No ___ 12. Do you have any skin problems? (itching, rashes, acne)
Yes ___ No ___ 13. Have you ever had a head injury?
Yes ___ No ___ 14. Have you ever been knocked out or unconscious?
Yes ___ No ___ 15. Have you ever had a seizure?
Yes ___ No ___ 16. Have you ever had a stinger, burner, or pinched nerve?
Yes ___ No ___ 17. Have you ever had head or muscle cramps?
Yes ___ No ___ 18. Have you ever been dizzy or passed out in the heat?
Yes ___ No ___ 19. Do you have troubles breathing or do you cough during or after activities?
Yes ___ No ___ 20. Do you use any special equipment? (pads, braces, neck rolls, mouth guard, eye guard)
Yes ___ No ___ 21. Have you had any problems with your eyes or vision?
Yes ___ No ___ 22. Do you wear glasses or contacts or protective eyewear?
Yes ___ No ___ 23. Have you ever sprained/strained, dislocated, fractured broken, or had repeated swelling or other injuries of any bones or joints?
____ Head ___ Shoulder ___ Thigh ___ Elbow ___ Knee ___ Chest ___ Forearm ___ Shin/calf
____ Back ___ Wrist ___ Ankle ___ Hip ___ Hand ___ Foot
Yes ___ No ___ 24. Have you had any other medical problems? (infectious mononucleosis, diabetes, etc.)
Yes ___ No ___ 25. Have you had a medical problem or injury since your last evaluation?
26. When was your last tetanus shot? _____
27. When was your last measles immunization? _____

Explain "Yes" Answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date: _____ Signature of Athlete _____

Signature of Parent/Guardian _____

To Be Completed By Physician

Name _____ Age _____ DOB _____

| Limited: Height _____ Weight _____ BP _____ / _____ Pulse _____ Vision R 20/ ____ L 20 / ____ Corrected: Y N Pupils _____ | | | |
|---|--------|-------------------|----------|
| | Normal | Abnormal Findings | Initials |
| Cardiopulmonary | | | |
| Pulses | | | |
| Heart | | | |
| Lungs | | | |
| Tanner Stage 1 2 3 4 5 | | | |
| Skin | | | |
| Abdominal | | | |
| Genitals | | | |
| Musculoskeletal | | | |
| Neck | | | |
| Shoulder | | | |
| Elbow | | | |
| Wrist | | | |
| Hand | | | |
| Back | | | |
| Knee | | | |
| Ankle | | | |
| Foot | | | |
| Other | | | |

Clearance:

_____ A. Cleared
 _____ B. Cleared after completing evaluation/rehabilitation for: _____
 _____ C. Not Cleared for: __ Collision __ Contact __ Non-contact __ Strenuous __ Moderately Strenuous __ Non-strenuous
 Due to: _____

Recommendation: _____

Physicians Signature:

Name of Physician _____ Signature of MD/DO _____

Date _____ Phone _____ Address _____

(Expires 356 days from date of physical)

Summary Information for Physicians:

Rule J, Section 9

No pupil shall represent his/ her school in interscholastic athletics until there is on file with the Athletic Director a statement signed by his/her parents or legal guardian and a practicing physician, physician's assistant, or nurse's practitioner certifying that *he/she* has passed an adequate physical examination within the past year; that in the opinion of the examining physician *he/she* is physically fit to participate in athletics; and that *he/she* has the consent of his/her parents or legal guardian to participate. A student has received an adequate physical examination at least once upon entering ninth grade may elect to have a Medical Re-evaluation instead of a physical examination in subsequent years, unless significant injuries or illnesses have occurred in the past year. Note: It is strongly recommended by the Colorado Department of Health that individuals in athletics have current tetanus boosters. Tetanus booster are recommended every ten year throughout life. Boosters are recommended at the time of major injury if more than five years have lapsed since the last booster. If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. A practicing physician must sign the physical examination form.