

**PREPARTICIPATION
PHYSICAL EXAM FORM**



The Oaks
A Classical Christian Academy

Name _____ Date _____
 Address _____
 Phone _____ Birthdate _____ Sex _____
 Health Care Provider _____ Health Care Phone _____
 Sports _____ Grade _____
 Notify in Emergency _____ Emergency Phone _____
 Alternate Emergency Name _____ Alternate Emergency Phone _____

Medications (taken regularly) _____ _____ Last tetanus shot (year) _____	Allergies: Medicine <input type="checkbox"/> Bee Sting <input type="checkbox"/>	Student must return this to the school business office before practicing or competing.
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History

Explain "yes" answers below:

	Yes	No				
1. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>				
2. Have you ever been in the hospital or had an operation?	<input type="checkbox"/>	<input type="checkbox"/>				
3. Have you ever been dizzy or passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
4. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
5. Have you ever had high blood pressure, a heart murmur, or irregular heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>				
6. Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>				
7. Have you ever been knocked out or unconscious, had a head injury, or a seizure?	<input type="checkbox"/>	<input type="checkbox"/>				
8. Have you ever had a "stinger," "burner," or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>				
9. Have you ever had muscle cramps, heat exhaustion, or heat stroke?	<input type="checkbox"/>	<input type="checkbox"/>				
10. Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>				
11. Have you ever had asthma, diabetes, mono, or other medical problems?	<input type="checkbox"/>	<input type="checkbox"/>				
12. Are you missing an eye, kidney, or testicle?	<input type="checkbox"/>	<input type="checkbox"/>				
13. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>				
14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone?	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> neck <input type="checkbox"/> hip	<input type="checkbox"/> back <input type="checkbox"/> thigh	<input type="checkbox"/> shoulder <input type="checkbox"/> knee	<input type="checkbox"/> elbow <input type="checkbox"/> shin/calf	<input type="checkbox"/> wrist <input type="checkbox"/> ankle	<input type="checkbox"/> hand <input type="checkbox"/> foot	
15. Are you satisfied with your weight?	<input type="checkbox"/>	<input type="checkbox"/>				
16. At what age was your first menstrual period? _____						
Do you have at least eight periods in a year?	<input type="checkbox"/>	<input type="checkbox"/>				

Please explain "yes" answers:

Parent/Guardian, Please Read and Sign

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

_____ Date _____ Signature of Athlete _____ Signature of Parent/Guardian _____

PHYSICAL EXAMINATION

Name _____ Age _____ Date _____

Height _____	Weight _____	BP _____	Pulse _____
Vision R20 _____	Vision L20 _____	Corrected: Y N	

	Normal	Abnormal Findings	Initials
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles/hernia			
Musculoskeletal			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee			
Ankle			
Foot			

- No restriction for sports participation
- Clearance withheld pending attached verification of rehabilitation/evaluation for:
- Limited participation. No cleared for the following types of sports:
- Minimum high school wrestlers weight (circle): 75 79 83 89 90 93 96 99 101 108
 115 122 129 135 141 148 158 168 178 190 191 UNL

Was body fat measured? _____

Recommendations:

 Examiner's Signature Date Phone

 Print Name and Address