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)	Allergies:	**Student must return this to the school business office before practicing or**
_____	Medicine ☐	
_____	Bee Sting ☐	
Last tetatus shot (year) _____		

History

Explain "yes" answers below:

		Yes	No
1.	Have you had a medical problem or injury since your last evaluation?	☐	☐
2.	Have you ever been in the hospital or had an operation?	☐	☐
3.	Have you ever been dizzy or passed out during or after exercise?	☐	☐
4.	Have you ever had chest pain during or after exercise?	☐	☐
5.	Have you ever had high blood pressure, a heart murmur, or irregular heartbeats?	☐	☐
6.	Has anyone in your family died of heart problems or a sudden death before age 50?	☐	☐
7.	Have you ever been knocked out or unconscious, had a head injury, or a seizure?	☐	☐
8.	Have you ever had a "stinger," "burner," or pinched nerve?	☐	☐
9.	Have you ever had muscle cramps, heat exhaustion, or heat stroke?	☐	☐
10.	Do you have trouble breathing or do you cough during or after activity?	☐	☐
11.	Have you ever had asthma, diabetes, mono, or other medical problems?	☐	☐
12.	Are you missing an eye, kidney, or testicle?	☐	☐
13.	Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.?)	☐	☐
14.	Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone?	☐	☐

☐ neck ☐ back ☐ shoulder ☐ elbow ☐ wrist ☐ hand
☐ hip ☐ thigh ☐ knee ☐ shin/calf ☐ ankle ☐ foot

15.	Are you satisfied with your weight?	☐	☐
16.	At what age was your first menstrual period? _____ Do you have at least eight periods in a year?	☐	☐

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