PHYSICAL EXAMINATION

Name _____ Age ____ Date _____

Height _____ Weight_____ BP _____/_____ Pulse _____

Vision R20/ _____ L20/_____ Corrected: Y N

	Normal	Abnormal Findings	Initials
HEENT			
Pupils equal			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles/hernia			
Musculoskeletal (Symmetry/ROM/Strength/Flexibility)			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee		R MCL R ACL L MCL L ACL	
Ankle		R ANT DRAWER L ANT DRAWER	
Foot			

☐ No restriction for sports participation

☐ Clearance withheld pending attached verification of rehabilitation/evaluation for: _____

_____

☐ Limited participation. Not cleared for the following sports:

_____

☐ Minimum high school wrestlers weight (circle): 75 79 83 89 90 93 96 99 103 112 119 125 130 135 140 145 152 160 171 189 215 UNL Was body fat measured?_____

Recommendations: _____

_____

Examiner's Signature _____ Date _____ Phone_____

Print Name and Address _____

The information on this physical form will cover this student for the duration of **24 months**.

Form 62-0057 Rev. 4/05 Stores OA-3035

Spokane Public Schools

PRE PARTICIPATION PHYSICAL EXAM FORM

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 ☐ Bee Sting ☐	**Student must return this to the school office before practicing or competing.**

History **Explain "Yes" answers below:**

		Yes	No
1.	Have you had a medical problem or injury since your last evaluation?	☐	☐
2.	Have your 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 excercise?	☐	☐
5.	Have you ever had high blood pressure, a heart murmer, 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 a pinched nerve?	☐	☐
9.	Have you ever had muscle cramps, heat exaustion, 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 guards, 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 satified 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" aswers:

_____

_____

_____

Parent/Guardian Please read and Sign

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

I approve of my child's participation in athletics in the Spokane Public Schools athletic program, and I will assume all financial responsibilities not covered by my child's school insurance for injuries received while he or she is training for or playing in athletic games. I also give my permission for my child to receive a physical examination. I give my permission for my son/daughter to travel as required as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official. I understand that the signature and the information on this form will cover my son/daughter for the duration of **24 months**.

_____ _____ _____

Date Signature of Athlete Signature of Parent/Guardian