PHYSICAL EXAM FORM **Student must return this before participating** **Date** _____

Name _____ Sex _____ Sports: _____

Address _____

Phone _____ Birthdate _____ Grade _____

Health Care Provider _____ Health Care Phone _____

Emergency Contact 1 _____ Emergency Phone 1 _____

Emergency Contact 2 _____ Emergency Phone 2 _____

HEALTH HISTORY

Last Tetanus shot (year) _____ Medications (taken regularly) _____

Bee Sting Allergy? YES or NO _____

Medical Allergies: _____

	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 knoced 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. FEMALE ONLY: At what age was your first menstrual period? _____		
17. FEMALE ONLY: 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 _____ Blood Pressure _____ Pulse _____

Vision R20 _____ Vision L20 _____ Corrected: Y N

	Normal	Abnormal Findings	Initials
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicals/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. Not 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