SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. *THIS SIDE MUST BE COMPLETED BY PARENT & STUDENT BEFORE BEING BROUGHT TO THE DOCTOR'S OFFICE.*

NAME _____ AGE_____ SEX_____ SCHOOL _____

ADDRESS_____ PHONE_____ GRADE_____

SPORTS BEING PLAYED (1)_____ (2)_____ (3)_____

MEDICAL HISTORY

(To be completed by student and parent or guardian)

1. Do you have any allergies? *(Drugs, Food, Insect Stings etc.)*
   _____ YES; list: _____ _____ NO
2. Are you currently taking any drugs or medications including steroids or protein supplements? *(Daily or occasionally)*
   _____ YES; list: _____ _____ NO
3. Are you presently being treated for any condition by a physician or other health care professional?
   _____ YES; explain:_____ _____ NO
4. Have you ever been advised by a doctor not to participate in any sport?
   _____ YES; explain: _____ _____ NO
5. Do you have any chronic conditions, disorders or diseases? Check those applicable or → → → → → → → → → → → → _____ NO

_____ Asthma	_____ Bleeding Disorders	_____ Diabetes	_____ Epilepsy (Seizures)
_____ Hepatitis (liver disease)	_____ Hypertension (High Blood Pressure)	_____ Sickle Cell Anemia	_____ (Other)_____
_____ Mononucleosis-Yr_____	_____ Kawasaki's Disease	_____ Handicap (Describe)	_____

Please check where applicable if you have or have had any of the following:

	YES	NO		YES	NO
Head injury, concussion, or been unconscious			Eye injury or retinal detachment		
If yes, how many times_____			Blurred vision or vision in one eye only		
Headaches more than once a week			Wear glasses or contact lenses		
Lack of feeling or numbness in any part of the body			Hearing loss or impairment in one or both ears		
Heat exhaustion or heat stroke			Tubes in ears or a perforated eardrum		
Difficulty running 1/2 mile without stopping			False teeth, caps or braces		
Chest pain, dizziness or passing out during exercise			Nose bleeds for no reason		
Coughing, wheezing or gasping for breath with exercise or cold weather			Bruising easily or taking a long time to stop bleeding when cut		
Smoke cigarettes or chew tobacco			Diarrhea more than once a week		
Heart problem, murmur or arrhythmia			Black or bloody bowel movements (stools)		
Family member with a heart attack under age 50			Kidney disease or dark, brown or bloody urine		
Loss or gain of more than 10 lbs. in last year			Less than two kidneys or, in males, two testicles		
Special diet for medical reasons			Lump(s) in arm pit or groin		
For female participants:			Rash or skin problem		
Absent or irregular monthly periods			Neck, spine or low back injury or pain		
Disabling cramps with your menstrual periods					

Have you ever been hospitalized for medical or surgical reasons? → YES _____ NO _____

If yes, provide the following information:

REASON	YEAR	HOSPITAL

Please carefully list below any injury (nerve, muscle, bone or joint) that you have had which did not allow you to participate in regular activity for a week or more?

INJURED AREA (Knee, Hamstring, Neck, Shin, etc.)	YEAR	SIDE (R, L)	TYPE (Fracture, Sprain, Swelling, Pinched Nerve, etc.)	RESOLVED YES	RESOLVED NO

STUDENT AND PARENT OR GUARDIAN:

We hereby state that we have reviewed this medical history and found the information supplied above to be correct to the best of our knowledge.

_____ _____ _____ _____

STUDENT SIGNATURE DATE PARENT OR GUARDIAN SIGNATURE DATE

MEDICAL EXAMINATION

To be completed by a Medical Doctor or his or her designee

NAME _____ DATE OF BIRTH _____

GENERAL EXAM

HEIGHT _____ WEIGHT _____

BLOOD PRESSURE _____ PULSE _____

GROSS HEARING _____

VISION:
without correction RT _____ LT _____
with correction RT _____ LT _____

HCT/HGB (optional): _____

URINALYSIS (optional): _____

protein _____ blood _____ glucose _____

	Normal	Abnormal
APPEARANCE	_____	_____
SKIN	_____	_____
HEENT	_____	_____
RESPIRATORY	_____	_____
CARDIOVASCULAR	_____	_____
Arrhythmia		_____
Murmur		_____
ABDOMEN	_____	_____
SPINE	_____	_____
NEUROLOGICAL	_____	_____
GENITALIA (hernia)	_____	_____
PHYSICAL MATURITY (Tanner Stage)	1 2 3 4 5	

SUMMARY: _____

_____

ORTHOPEDIC EXAM

MUSCULOSKETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	Normal	Abnormal Findings
NECK	_____	_____
SPINE	_____	_____
SHOULDERS	_____	_____
ARMS/HANDS	_____	_____
HIPS	_____	_____
THIGHS	_____	_____
KNEES	_____	_____
ANKLES	_____	_____
FEET	_____	_____

RECOMMENDATIONS

WEIGHT LOSS/GAIN _____ MEDICATIONS _____

STRENGTHENING _____ SPECIAL EQUIPMENT _____

STRETCHING _____ BRACING/TAPING _____

CONDITIONING (Endurance) _____

I certify that on this date, on the basis of the examination requested by the school authorities and the student medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities EXCEPT those listed below:

_____

_____

_____ _____ _____ _____

Signature of Medical Doctor/Designee | Date | Telephone | Medical Doctor (Print or stamp)