

# PHYSICAL EXAM FORM

Today's Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Academic Year \_\_\_\_\_  
in Fall

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Provider Phone \_\_\_\_\_

Sports \_\_\_\_\_

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  
competing**

\_\_\_\_\_

Medicine

Bee Sting

Other

Last Tetanus 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? .....

Please explain "YES" answers:

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## 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 Diocese Athletic Program, and I will assume all financial responsibilities I give my permission for my son/daughter to receive a physical examination. I give my permission for emergency treatment of an injury by any physician designated by a school official.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Guardian

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_  
\_\_\_\_\_ BP \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ Pulse \_\_\_\_\_

Vision: R20/\_\_\_\_\_  
L20/\_\_\_\_\_  
Corrected: YES NO

Normal Abnormal Findings

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 R 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 types of sports: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minimum high school wrestlers weight (circle):

75 79 83 89 90 93 96 99 101 108 115 122 129 135 141 146 158 168 176 190  
191 UNL

Was body fat measured? \_\_\_\_\_

Recommendations: \_\_\_\_\_

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Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name, Address, and Phone \_\_\_\_\_