

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.

A.D. Review: _____

Exp. Date: _____
GSL OK yr 1 yr 2

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.**

Name: _____

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 a 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 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 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.

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