

M.S.A.D. #22 INTERSCHOLASTIC SPORTS PHYSICAL FORM

Student Name: _____ **Grade:** _____ **Date of Birth:** _____
Address: _____ **Telephone:** _____
Physician Name: _____

Parent: (must fill in prior to physician exam)

Student History:

	<u>Yes</u>	<u>No</u>
1. Have you ever fainted? Have you had chest pain during exercise?	_____	_____
2. Any family history of sudden death? Cause? _____	_____	_____
3. Have you ever had a concussion, loss of consciousness or head injury? If yes, how many? _____	_____	_____
4. Have you ever had heat stroke or heat exhaustion?	_____	_____
5. Do you wheeze or cough during or after exercise? Do you have any history of asthma? Do you use an inhaler?	_____	_____
6. Do you have any allergies? (medications, pollen, bee sting, food etc.) If yes, please list: _____	_____	_____
7. Any sports related injuries since last exam? If yes, list: _____	_____	_____
8. Do you take any medication? (include any nonprescription drugs) If yes, please list: _____	_____	_____
9. Have you ever been hospitalized? Have you ever had surgery? If yes, explain: _____	_____	_____
10. In the last year, what was your: Lowest weight _____ Highest weight _____		
11. Circle any of the following that you have had:		

Abnormal bleeding/ bruising	Anemia
Broken bones/stress fracture	Diabetes
Dislocation (shoulder etc.)	Hearing impairment
Heart murmur/palpitations	Hepatitis/jaundice
High blood pressure	Loss of eye sight
Rheumatic fever	Scoliosis
Seizures	Sickle-cell disease
Undescended testicles	Organ removal
Other: _____	

Physician Examination:

Height: _____ Weight: _____ BP: _____

Exam:

	Normal	Abnormal	Comments
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____

Maturation Index (approx. maturation age) optional:
 Girls: $12 \frac{1}{2} + (\text{chronologic age} - \text{age at menarche}) =$ _____
 Boys (estimate): 11 + Tanner Stage = _____

Labs if indicated: _____

Musculoskeletal

	Normal	Abnormal	Comments
Neck	_____	_____	_____
Shoulder	_____	_____	_____
Elbow	_____	_____	_____
Hands	_____	_____	_____
Wrist	_____	_____	_____
Knees	_____	_____	_____
Quad/Hamstring	_____	_____	_____
Ankle/feet	_____	_____	_____
Back/spine	_____	_____	_____
Toe/heel walk	_____	_____	_____
Duck walk	_____	_____	_____
Comments: _____			

I hereby certify that this student has been found to be physically fit to participate in all school interscholastic activities based upon my review of above history and physical exam. This includes both contact and non contact sports.
 Modifications or exceptions: _____

Physician Signature: _____
Print name: _____ **Date:** _____

School Nurse received (check if yes): _____
Date: ____/____/____

Physical expires on : ____/____/____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities. I hereby authorize release to information contained in this document.

Parent's Signature (must sign): _____ **Date:** _____