

Student Name _____

Address: _____

City/Zip: _____ Telephone: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Grade: _____ Sterling Public School

PLEASE COMPLETE PRIOR TO EXAMINATION

HISTORY

YES NO

*1. Have you ever fainted?

Have you ever fainted during exercise?

Have you had chest pain during exercise?

*2. Has anyone in your family died suddenly?

Before age 35? _____ Before age 50 _____

Cause _____

*3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury?

*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?

*6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____

*7. Any injuries since last exam?
If yes, list injuries: _____

*8. Do you take any medication? (include vitamins and nonprescription drugs)

*9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?

10. Have you ever been hospitalized?
Have you ever had surgery?

If yes, explain _____

11. If female, when was your first menstrual period? _____

12. In the last year, what was your:
Lowest weight _____ Your highest weight _____

13. Immunizations: Last tetanus _____

Measles, Mumps, German Measles (MMR) (1) _____ (2) _____

Hepatitis B (1) _____ (2) _____ (3) _____

*14. Circle any of the following 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 (curvature of spine)
- Seizures Sickle-cell disease
- Single organs (kidney, eye, etc.) Undescended testicle

Other _____

I have had none of the above problems.

15. Do you use seat belts on a regular basis?

16. Do you use tobacco or alcohol?

17. Are there any concerns you would like to discuss?
(Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other)

* Must be answered for participation in athletics

Additional Comments: _____

Student's Signature _____ Date _____

Sports/School Physical Evaluation

EXAMINATION

*Ht. _____ Wt. _____ BP _____ / _____ Pulse _____

Vision R _____ L _____

*MEDICAL EXAM

(cross out if omitted) HEENT	Normal	Abnormal	Comments
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (males)	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro.	_____	_____	_____

Labs (If required by doctor)

UA dip: Ap _____ col _____ sp gr _____ pH _____ Pr _____ sug _____ Ket _____

Bld _____ Bil _____ Uro _____ leuk _____ nitr _____

Hgb: _____

Certification for Participation in Physical Education/Athletic Activities

I herewith certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions: _____

Deferred pending further evaluation for _____

A copy of this form should go with this individual to all sporting activities.

Required medication: _____

Physician Signature: _____ Date: _____

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 the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Signature _____ Date _____
(Parent or Legal Guardian)