## Pre-Participation Physical

Name:	_Age:	Date of Birth:	Grade:					
Address:	_City:		Zip:					
Parent/Guardian home phone	Father world	k #	Mother work #					
Doctor's Name		Phone #						
Doctor's Address								
HEALTH HISTORY (MUST BE CO	<u>OMPLETEI</u>	O PRIOR TO THE EX	XAMINATION)					
YES OR NO – HAS THE STUDENT HAD AN  1 Chronic or recurrent illness? 2 Illness lasting over 1 week? 3 Hospitalization? 4 Missing organs? 6 Allergies (medications, food)? 7 Problems with heart/blood pressure 8 Chest pain/severe shortness of breat W/exercise? 9 Dizziness or fainting with exercise? 10 Fainting, bad headaches or convulsionable of the concussion or loss of consciousnes of the concussion or loss of consciousnes or problems with heat?	13	Injuries re Neck or ba Knee injur Ankle injur Other seric Broken bo  OR NO – FURTHER Is there an should not Has any fa suddenly a Of causes other tha	y? ry? ous joint injury? nes (fractures)?  HISTORY: y reason why this student participate in sports? mily member died t less than 40 years of age?					
YES OR NO – DOES THIS STDENT:  23 Wear eyeglasses or contact lenses and the state of last known tetanus shot:  Use this space to explain any yes answers to the above the state of last known tetanus shot:	ners or plates							

## Athletic Medical Exam Screening General Examination to be completed by the examining physician

Sport (s) \_\_\_\_\_

		Normal	Abnormal (describe)		Pι	ılse
Eyes, Ears, Nose,	Throat:				Bl	ood Pressure
:	Skin:				Н	eight
]	Lungs:				W	eight
	Heart:				Vi	sual Acuity R:
Ab	domen:					L:
Suggested Muscu	ılosketal Exam	1				
Neck		-		NL	AB	Describe Abnormal
Motion/S	Strength		Knee Joint			
Flexion	C		Effusion			
Extension	n		Tenderness			
Rotation			Quadriceps			
Lateral F	lexion Right		Size			
	lexion Left		Defects			
			Patella			
Shoulder			Tenderness			
	N/STRENGTH	ſ	Crepitus			
Forward				ing		·
Abductio			Subluxable	8_		·
Extension				 1		·
Internal I			Tibial Tubercle			
External			Ligaments			
	al Adduction		Medical Collateral			-
STABIL			Lateral Collateral			
A/C JOIN			Anterior Cruciate			- <del> </del>
Elbow			Posterior Cruciate			- <del> </del>
	NS/STRENGT	Н	Cartilage Testing			
Biceps F			Strength			
Triceps E			Hip Flexors			
Supination			Hamstrings			
Pronation			11001111190			
General Flexibili			Ankle			
General Flexibil	uy		Motion/Strength			
Hamstrin	or c		Plantar Flexion			
Lumbar S	~		Dorsiflexion			-
	•					-
Adductor Achilles	S		Inversion Eversion			-
Wrist/Ha	d					-
			Spine/Scoliosis			-
Recommendation		DELCIP LEIG	×**			
		RTICIPATIO		1 \		
			ner evaluation (comment be		1 1	`
			heer/spirit components (com	meni	belov	W)
	cneer/spirit par	rticipation (con	nment below)			
Comments:						
Cionatura			M	/DQ 1	Doto	
Signature			MD/	DO l	vale_	