HISTORY FORM

o you have any allergies?		Age	AgeSport(s)					
Medicines Poles Poles Singing Insects								
Islain "Yes" answers below. Circle questions you don't know the answers to. RERRAL QUESTIONS Sea No.								
Stain "Ves" answers below. Circle questions you don't know the answers to.							a.	
MEDICAL QUESTIONS No No No No No No No	iicines ai	ilu Allergies. Piedsi	s list all of the prescription	ii and over-the-co	unterm	icines and supplements (nerbai and nutitional) that you are currently taking	J.	
Medical Duestions New Years								
Medical Duestions New Years								
Has a doctor ever denied or restricted your participation in sports for by reason? Do you have any ongoing medical conditions? If so, please identify below: 2. Ashma	lain "Yes	" answers below. C	rcle questions you don'	t know the answer	s to.			
yr yr asson?	ENERAL Q	UESTIONS		Yes	s No	MEDICAL QUESTIONS	Yes	
yr yr asson? Ashma Anemia Diabeles Infections Other:	Has a doc	ctor ever denied or rest	ricted your participation in s	ports for		26. Do you cough, wheeze, or have difficulty breathing during or		
Ashma Anemia Diabetes Mections Other:			,,					
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ereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.								
	ereby stat	te that, to the best o	f my knowledge, my ans	wers to the above	questio	are complete and correct.		

PHYSICAL EX	XAMINA'	TION FORM
Name		Dateofbirth
PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive issues • Do you feel stressed out or under a lot of pressure? • Do you ever feel sad, hopeless, depressed, or anxious? • Do you feel safe at your home or residence? • Have you ever tried cigarettes, chewing tobacco, snuff, or dip? • During the past 30 days, did you use chewing tobacco, snuff, or dip? • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance second the service of the service	improve your performance	e?
EXAMINATION		
Height Weight	☐ Male ☐ Female	
BP / (/) Pulse	Vision R20/	L 20/ Corrected □ Y □ N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachno arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat Pupils equal	odactyly,	
Hearing		
Lymph nodes Heart ^a		
Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic °		
MUSCULOSKELETAL		
Neck Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		
Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider GU exam if in private setting. Having third party present is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.	n.	
☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further ☐ Not cleared ○ Pending further evaluation ○ For any sports ○ For certain sports		
Reason:		
Recommendations:		
I have examined the above-named student and completed the pre-participation participate in the sport(s) as outlined above. A copy of the physical exam is on a raise after the athlete has been cleared for participation, the physician may rescribe the state of the st	record in my office and car	n be made available to the school at the request of the parents. If conditi

to the athlete (and parents/guardians).

Name of physician (print/type)_______Date_____ Phone _____ Address__

Signature of physician______, MD or DO