For SOUTHWEST H.S.

Preparticipation Physical Evaluation

Phone No. Birthdate Age Clar Parent's Name Address			
Phone No. Birthdate Age Clar Parent's Name Address City/State Emergency Contact Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal a Do you have any allergies? Yes No If yes, please identify specific allergy below: Medicines Pollens Pollens Food HISTORY FORM Explain "Yes" answers below. Circle questions you Medicines Pollens Food HISTORY FORM Explain "Yes" answers below. Circle questions you were season? 1. Has a doctor ever denied or restricted your participation in sports for any reason? 2. Do you have any ongoing medical conditions? If so, please identify below: ** Asthma *Anemia *Diabetes * Infections 3. Have you ever spent the night in the hospital? 4. Have you ever had surgery? 4. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 3. Have you ever bad discomfort, pain, tightness, or pressure in your chest during exercise? 3. Has a doctor ever told you that you have any heart problems? If so, check all that apply. * High blood pressure * High cholesterol *A heart infection * Kawasaki disease Other: 3. Has a you have any one were told you that you have any heart problems? If so, the chocardiogram 10. Do you get lightheaded or feel more short of breath than expected during exercise? 3. Has a you have in your family have heart problems or had an unexplained seizure? 11. Have you ever had an unexplained seizure? 12. Do you get lightheaded or feel more short of breath more quickly than your friends during exercise? 3. Have you ever had sun general the fore age S0 (including drowning, unexplained car accident, or sudden infant death syndrome)? 4. Hoey you ever had an inpury that required x-rays, MR 4. Have you ladd displayed you were fall and injury to a bone, muscle, ligament, or tendon hat caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MR 4. Have you ever had an injury that required x-rays, MR 4. Have you ever had an injury that req			
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51. Have you or an eigrary of a dispersion of the same	special diet or do you avoid certain types of foods?		╀
Cancer? Conce AND JOINT QUESTIONS 7. Have you ever had an injury to a bone, muscle, ligament, or tendon hat caused you to miss a practice or a game? 8. Have you ever had any broken or fractured bones or dislocated joints? 9. Have you ever had an injury that required x-rays, MR< CT scan, njections therapy, a brace, a cast, or crutches? 1. Have you ever had a stress fracture? 1. Have you ever been told that you have a or have you had an x-ray for	any family member or relative been diagnosed with		+
52. Do you have a doctor? FEMALES ONLY 53. Have you ever had an injury to a bone, muscle, ligament, or tendon hat caused you to miss a practice or a game? 8. Have you ever had any broken or fractured bones or dislocated joints? 9. Have you ever had an injury that required x-rays, MR< CT scan, njections therapy, a brace, a cast, or crutches? 10. Have you ever had a stress fracture? 11. Have you ever been told that you have a or have you had an x-ray for			<u> </u>
18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MR< CT scan, njections therapy, a brace, a cast, or crutches? 10. Have you ever had a stress fracture? 11. Have you ever been told that you have a or have you had an x-ray for	any concerns that you would like to discuss with a		
9. Have you ever had an injury that required x-rays, MR< CT scan, njections therapy, a brace, a cast, or crutches? 10. Have you ever had a stress fracture? 11. Have you ever been told that you have a or have you had an x-ray for		Yes	No
njections therapy, a brace, a cast, or crutches? 55. How many per 1. Have you ever been told that you have a or have you had an x-ray for	er had a menstrual period?		$ldsymbol{f eta}$
0. Have you ever had a stress fracture? 1. Have you ever been told that you have a or have you had an x-ray for	e you when you had your first menstrual period? eriods have you had in the last 12 months?		₩
Y I I Evolain "Voc	anous nave you nau in the last 12 months:		
con motioning of attantounial motioning, (powil synatoring of awarnshi)	es" answers here		
2. Do you regularly use a brace, orthotics, or any other assistive device?			
3. Do you have a bone, muscle, or joint injury that bothers you?			
24. Do any of your joints become painful, swollen, feel warm or look red? 25. Do you have any history of juvenile arthritis or connective tissue			
disease?			

PHYSICAL EXAMINATION FORM

Name							Date of Birth	
5V44441471041								
EXAMINATION								
Height	Weight			Male Female				
BP /	(/)	Pulse	Vision R 20/	L20/	T	Corrected • Y	• N
MEDICAL						NORMAL	ABNORMAL FINDINGS	
Appearance								
_				late, pectus excavatum,	· · · · · · ·			
	•	> height	, hyperlaxity,	myopia, MVP, aortic insu	fficiency)			
Eyes/ears/nose/	'throat							
· Pupils equal								
· Hearing								
Lymph nodes								
Heart • Murmurs (auso		d:	-: / ./-!-					
•		•	•	odIVd				
 Location of po Pulses 	int or maxima	ai impui	se (Pivii)					
	famoral and	سمطاما م	ulana					
· Simultaneous	iemorai and i	rauiai pi	uises					
Lungs								
Abdomen								
Genitourinary (n	naies oniy)							
Skin		4DC 4 ±:						
· HSV, lesions su	aggestive of i	VIKSA, ti	nea corporis					
Neurologic								
MUSCULOSKELE	IAL							
Neck								
Back								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fing	ers							
Hip/thigh								
Knee								
Leg/Ankle								
Foot/toes								
Functional · Duck-walk, sin	alo loa hon							
· Duck-walk, Sill	gie ieg nop							
On the basis of	f the examina	ation on	this day. Lan	prove this child's participa	ation in intersch	olastic sports for	one year from this date.	
3 11 tille 3 45.5 C	. cire examini	u ()		prove emo erma e parereip		0.000.000000000000	one year nom and acce.	
 Cleared for a 	all sports with	nout res	trictions					
	•							
 Cleared for a 	all sports with	out res	trictions with	recommendations for fur	ther evaluation	or treatment for		
Not cleared								
	ending furthe		ation					
	or any sports							
Rea	ason							
D	. :							
Recommendat	tions							
I have evamine	ed the above	-named	ctudent and	completed the participation	an nhysical eval	iation. The athle	te does not present apparent c	linical contraindications t
							ared for participation, the physi	
							hlete (and parents/guardian).	ciaii may resonia tire
oreararree arres	. с. с р. с с. с.		rea and the	potential consequences a	c completely ca	pramea to the at	ete (ana parento, Baaraian,	
Name of physi	ician (print/ty	/pe)					D	ate
. ,		-						
Address							Phone	
Physician's Sig	nature					MD / DO / PA		

Physician's Stamp (required)_____