

## PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION

Required in High School for all first-time athletes. Physical exam must be within 12 months of the opening season in which the athlete will be participating

Male  Female

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade entering \_\_\_\_\_ Home phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

In addition to a brief assessment of general health, other issues should be noted (such as significant personal history, chronic conditions, abnormalities, and/or handicaps):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ASSESSMENT OVERVIEW

<b>SKIN</b> Acne – Herpes – Athletes Foot		<b>ABDOMEN</b> Organomegaly	
<b>MOUTH</b> Caries - Prosthesis		<b>GENITALIA (Males)</b> Lesions – Testes – Hernia	
<b>EYES</b> Pupils  <b>EARS</b> Perforated/Discharge		<b>MUSCULOSKELETAL SCREEN</b>	
<b>LUNGS</b> Air Entry – Wheezing		<b>TANNER MATURITY</b> Circle One:	1    2    3    4    5
<b>HEART</b> Murmur – Rhythm – Size		<b>OTHER OBSERVATIONS</b>	

Please check one and sign:  Full sports participation  Limited (please explain below - specifically):

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date of Physical \_\_\_\_\_

Today's Date \_\_\_\_\_