

SPORTS PHYSICAL EXAM

DATE OF EXAM: _____

PATIENT NAME: _____

D.O.B.: _____

HISTORY

- 1. Intended sport(s): football volleyball basketball soccer
 Baseball cheerleading other: _____
- A. Planned role (position, etc.) _____
- 2. Current medical problems _____
- A. Current medications _____
- 3. Past health history _____
- A. Previous head/neck injury _____
- B. Previous seizures _____
- C. Previous broken bones/joint injuries _____
- D. Previous surgeries (type & age) _____
- E. Dizziness/wheezing during exercise _____
- 4. Family history of sudden death under age 50 _____

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PHYSICAL

Visual activity With Glasses R _____ L _____ Both _____
 Without Glasses R _____ L _____ Both _____

Height _____ Weight _____ BP _____ Pulse _____ (with exercise—jogging in place one minute) _____

Skin (contagious lesions) _____

Eyes (fundoscopic) _____

Ears _____

Lungs _____

Heart _____

Abdomen _____

Genitourinary (hernia, testicular exam, Tanner stage) _____

Musculoskeletal (gait, scoliosis, joints, strength) _____

Neuro (coordination, reflexes) _____

Based on medical history and physical exam, this student is approved for participation in sports activities for the current school year.

Physician's Signature

I hereby authorize _____ to perform a sports physical exam and to release the information on this sports physical form to _____ School.

Signature of parent or guardian _____ Date _____