

# M.S.A.D. #22 Interscholastic Sports Physical Form



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Number: (207)- \_\_\_\_\_ - \_\_\_\_\_

**PARENT: PLEASE FILL OUT COMPLETELY PRIOR TO EXAM**

**Student History:**

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever fainted?<br>Have you had chest pains after exercise?  | _____      | _____     |
| 2. Any family history of sudden death?<br>If yes, cause? _____   | _____      | _____     |
| 3. Have you ever had a concussion, loss of consciousness or head injury?<br>If yes, how many times? _____  | _____      | _____     |
| 4. Have you ever had heat stroke or heat exhaustion?   | _____      | _____     |
| 5. Do you wheeze or cough during or after exercise?<br>Do you have a history of asthma?<br>Do you use an inhaler?  | _____      | _____     |
| 6. Do you have any allergies? (medications, bee stings, food, etc.)<br>If yes, please list _____   | _____      | _____     |
| 7. Any sports related injuries since last exam?<br>If yes, list injury _____   | _____      | _____     |
| 8. Do you take any medications?<br>List any prescribed and non prescribed drugs<br>_____<br>_____<br>_____   | _____      | _____     |
| 9. Have you ever been hospitalized?<br>Have had surgery?<br>If yes, explain _____  | _____      | _____     |
| 10. Circle any of the following that you have had:<br>Broken bones/stress fractures      Diabetes<br>Dislocations/joint disorder      Hearing/vision impairment<br>Heart murmur/palpitations      Hepatitis/Jaundice<br>High blood pressure      Blood disorder<br>Scoliosis      Organ absence or defect<br>Seizures<br>Other _____ |            |           |

**PHYSICIAN'S EXAMINATION:**

Height: \_\_\_\_\_ Weight \_\_\_\_\_ lbs. BP: \_\_\_\_\_

<b>Examination:</b>	<b>Normal</b>	<b>Abnormal</b>	<b>Comments</b>
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____

**Musculoskeletal:**

Neck	_____	_____	_____
Shoulder	_____	_____	_____
Elbow	_____	_____	_____
Hands	_____	_____	_____
Knees	_____	_____	_____
Quad/Hamstring	_____	_____	_____
Ankle/feet	_____	_____	_____
Back/spine	_____	_____	_____
Toe/heel/walk	_____	_____	_____
Duck walk	_____	_____	_____
Comments:	_____		
	_____		
	_____		

I hereby certify that this student has been found to be physically fit to participate in all school interscholastic activities based upon my review of above history and physical exam. This includes both contact and non-contact sports.

Modifications or exceptions: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For School Use Only:**

School Nurse received: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_

I know of no existing physical condition or additional health reason that would preclude participation in sports. I certify the answers to the above questions are true and accurate. I approve participation in athletic activities. I hereby authorize and release to the information in this document.

**Parent signature: Must Sign** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_