

SCHOOL SPORTS PHYSICAL- PART 1: STUDENT OR PARENT COMPLETES

NAME: _____ BIRTHDAY: _____

ADDRESS: _____ PHONE: _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. Physician: Please review details of any positive answers with the athlete.

Yes No Don't Know

- Has anyone in the athlete's family died suddenly before the age of 50 years?
- Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
- Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?
- Is the athlete allergic to any medications or bee stings?
- Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
- Has the athlete ever had a head injury or concussion?
- Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?
- Has the athlete ever suffered a heat-related illness (heat stroke)?
- Does the athlete have a chronic illness or see a physician regularly for any particular problem?
- Does the athlete take any prescribed medicine, herbs, or nutritional supplements?
- Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?
- Has the athlete ever had prior limitations from sports participation?
- Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?
- Has the athlete ever been diagnosed with a heart murmur, heart condition or hypertension?
- Is there a history of young people, in the athlete's family, who have had a congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate).
- Has the athlete ever been hospitalized overnight or had surgery?
- Does the athlete lose weight regularly to meet the requirements for a sport?
- Does the athlete have anything he or she wants to discuss with the physician?
- Does the athlete cough, wheeze or have trouble breathing during or after activity?
- Are you unhappy with your weight?

FEMALES ONLY

- When was your first menstrual period? _____
- When was your most recent menstrual period? _____
- What was the longest time between menstrual periods in the last year? _____

Explain any YES answers: _____

Parent/Guardian's statement:

I have reviewed and answered the questions above to the best of my ability. I, and my child, understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports/activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examinations is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

Signed: _____

Date: _____

SCHOOL SPORTS PHYSICAL- PART 2: MEDICAL PROVIDER COMPLETES

NAME: _____ BIRTHDATE: _____

Height: _____ Weight _____ % Body Fat (optional): _____ Pulse: _____ BP: _____

Vision: R 20/ ____ L 20/ ____ Corrected: Y N Pupils: Equal ____ Unequal ____ Rhythm: Regular ____ Irregular ____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial Activity			
1 st & 2 nd Heart Sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knees			
Leg/Ankle			
Foot			

*Station based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Medical Provider: _____ Date _____

Address: _____ Phone: () _____

Signature of Medical Provider: _____

As per ORS 336.479, Section 1(3) "A school district shall require students who continue to participate in extracurricular sports in grade 7-12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects.