

# LONG RIVER MIDDLE SCHOOL SPORTS PHYSICALS EXAMINATION FORM

\*STUDENT'S NAME: \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_

\*PARENT/GUARDIAN NAME: \_\_\_\_\_ ATHLETE'S GRADE \_\_\_\_\_

\*FAMILY DOCTOR OR CLINIC: \_\_\_\_\_

I HEREBY GIVE CONSENT TO THE EXAMINATION OF \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

## PARENTS PLEASE COMPLETE

### PAST HISTORY: Have you ever:

- been hospitalized overnight?
- had any surgeries?
- passed out in the heat or with exercise?
- told that had had a heart murmur?
- had asthma?
- broken any bones?
- had a concussion and if so, when?

### FAMILY HISTORY

- Has anyone in your family:
- had a heart attack before age 60?
- Died suddenly before age 40?
- Had congenital heart defects?

### CURRENT HEALTH

- Any significant illness?
- Any aches or pains in your muscles or joints more than you'd expect
- Any trouble breathing?

## TO BE COMPLETED BY PHYSICIAN

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ PULSE: \_\_\_\_\_ BP \_\_\_\_\_

Legend: N=normal X=abnormal NE=not examined

GENERAL BODY BUILD: \_\_\_\_\_

EYES: \_\_\_\_\_ EARS: \_\_\_\_\_ NOSE: \_\_\_\_\_ THROAT: \_\_\_\_\_ TEETH: \_\_\_\_\_

NECK: \_\_\_\_\_ LUNGS: \_\_\_\_\_ HEART: \_\_\_\_\_ CHEST: \_\_\_\_\_ SPINE: \_\_\_\_\_

JOINT FUNCTION: NECK: \_\_\_\_\_ SHOULDERS: \_\_\_\_\_ ELBOWS: \_\_\_\_\_ WRISTS: \_\_\_\_\_

HANDS: \_\_\_\_\_ HIPS: \_\_\_\_\_ KNEES: \_\_\_\_\_ ANKLES: \_\_\_\_\_ FEET: \_\_\_\_\_

NEUROLOGICAL: \_\_\_\_\_

OPTIONAL AT DISCRETION OF PHYSICIAN: HGB OR HEMATOCRIT \_\_\_\_\_

LIVER: \_\_\_\_\_ SPLEEN: \_\_\_\_\_ ABDOMINAL MASSES: \_\_\_\_\_

HERNIA: \_\_\_\_\_ URINALYSIS: \_\_\_\_\_ GENITALIA (male only): \_\_\_\_\_

I HAVE EXAMINED THE ABOVE NAMED STUDENT AND IN MY OPINION, IT IS  
SAFE \_\_\_\_\_ UNSAFE \_\_\_\_\_ FOR THIS STUDENT TO PARTICIPATE IN COMPETITIVE ATHLETICS.  
Special instructions or special limitations: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

PRINTED/TYPED NAME OF PHYSICIAN \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_