

WOODLAND 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: _____