

Athletic Exam

Questions

(Briefly Explain Any Yes Answers At The Bottom)

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|---|-----|----|
| 1. Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister) died suddenly before the age of 50 years? | Yes | No |
| 2. Has the athlete ever passed out during exercise or stopped exercise because of Extreme dizziness? | Yes | No |
| 3. Does the athlete have asthma? | Yes | No |
| 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint? | Yes | No |
| 5. Has the athlete ever suffered a concussion (got knocked out)? | Yes | No |
| 6. Has the athlete ever suffered a heat-exhaustion or heatstroke? | Yes | No |
| 7. Does the athlete have anything he/she wants to discuss with the physician? | Yes | No |
| 8. Does the athlete have any chronic illness or see a physician regularly for a particular problem? | Yes | No |
| 9. Does the athlete take any prescribed medicine? | Yes | No |
| 10. Does the athlete have any allergies (medication, bee stings, etc.)? | Yes | No |
| 11. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)? | Yes | No |

Name: _____
Address: _____
Phone: _____

School: _____
Age: _____
Upcoming Grade: _____
Date of Birth: _____

Physical Examination

Height: _____ Weight: _____ Vision: Right 20/ _____ Left 20/ _____
B/P: _____ / _____ Pulse: _____ Both Eyes 20/ _____
Reference Ranges: Corrected: Yes No

10-12 yo > 125/80
13-15 yo > 135/85
16-18 yo > 140/90

Best Vision with both eyes must be 20/50 or better

Check normal, circle abnormal and explain below.

Eyes/Nose	()	Joints	
Mouth	()	Shoulders	()
Neck	()	Elbows	()
Heart	()	Wrists	()
Lungs	()	Hips	()
Abdomen	()	Knees	()
Skin	()	Ankles	()
Edema	()	Scoliosis	()

Explain: _____

- _____ Pass
- _____ Pass with recommendations _____
- _____ Pass with restrictions _____
- _____ Unable to Participate Without Further Evaluation By A Doctor