

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

For Office Use Only
Paid _____

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Title **Physical Examination for Athletic, Danceline, Cheerleading and Figure Skating Activities**

Student Name: _____ School: _____ Grade: _____ Sport: _____

HISTORY Circle Y (yes) or N (no)

Have you or do you have:

- | | |
|--|-------|
| 1. An injury or illness since your last exam? | Y / N |
| 2. A chronic or ongoing illness? | Y / N |
| 3. Ever been hospitalized? | Y / N |
| 4. Ever had surgery? | Y / N |
| 5. Allergies to medications, bee stings, pollens or foods? | Y / N |
| 6. A heart murmur? | Y / N |
| 7. High blood pressure or hypertension? | Y / N |
| 8. Been restricted from sports for heart problems? | Y / N |
| 9. Ever had a concussion or a head injury? | Y / N |
| 10. Been knocked out or had memory loss? | Y / N |
| 11. Asthma? | Y / N |
| 12. A severe viral infection in the last month? | Y / N |

During or after exercise have or do you ever have:

- | | |
|--|-------|
| 13. Excessive fatigue? | Y / N |
| 14. A rash or hives develop? | Y / N |
| 15. Fainted or felt dizzy? | Y / N |
| 16. Chest pain? | Y / N |
| 17. Shortness of breath? | Y / N |
| 18. Racing heart or skipped heartbeats? | Y / N |
| 19. Tire more easily than your friends? | Y / N |
| 20. Become ill from exercising in the heat? | Y / N |
| 21. Wheeze, cough or have trouble breathing? | Y / N |

Has any family member or relative:

- | | |
|--|-------|
| 22. Died of a heart problem before age 35? | Y / N |
| 23. Died of a heart problem before age 50? | Y / N |
| 24. Had heart disease and lived? | Y / N |
| 25. Died with no known reason? | Y / N |
| 26. Had Marfan's Syndrome? | Y / N |
| 27. In the last year what was your highest weight? | _____ |
| 28. In the last year what was your lowest weight? | _____ |
| 29. What do you think is your ideal weight? | _____ |

Female athletes

- | | |
|---|-------|
| 30. Do you have regular menstrual periods? | Y / N |
| 31. At what age was your first period? | _____ |
| 32. When was your most recent menstrual period? | _____ |
| 33. What is the longest time between periods? | _____ |
| 34. How many periods did you have in the last year? | _____ |
| 35. Have you had? (circle) | |

- | | | |
|-------------------|---------------------|----------------------|
| abnormal bleeding | hearing loss | single organ |
| abnormal bruising | hepatitis | sprain |
| anemia | mononucleosis | stinger |
| broken bones | rheumatic fever | stress fractures |
| diabetes | scoliosis | undescended testicle |
| dislocation | seizures | viral myocarditis |
| eye loss | sickle cell disease | vision loss |

- | | |
|--|-------|
| 36. Do you use any special equipment? | Y / N |
| 37. Are there other concerns you have? | Y / N |
| 38. List any medication or pills you take
(Include over-the-counter, vitamins, supplements) | None |

Physical Examination

Ht _____ Wt _____ Arm Span _____	Glasses	Y / N
Vision — R:20/____ L:20/____	Contact Lenses	Y / N
Heart Rate _____ BP _____/_____	Eye Protection	Y / N
	Mouthguard	Y / N
HEENT	Notes	Exam Station Initials
Anisocoria	N / Y	_____
Fundoscopic	Nrl / Abnrl	_____
Ears	Nrl / Abnrl	_____
Mouth	Nrl / Abnrl	_____
Throat	Nrl / Abnrl	_____
Dental	Nrl / Abnrl	_____
Thyroid	Nrl / Abnrl	_____
Lymph nodes	Nrl / Abnrl	_____
Lungs	Nrl / Abnrl	_____
Heart	Nrl / Abnrl	_____
Murmur	Nrl / Abnrl	_____
Pulses (rad, fem)	Nrl / Abnrl	_____
Abdomen	Nrl / Abnrl	_____
Genitalia (male)	Nrl / Abnrl	_____
Tanner Stage (optional)	I II III IV V	_____
Hernia	N / Y	_____
Skin	Nrl / Abnrl	_____
Musculoskeletal Screen		
Neck	Nrl / Abnrl	Quad/ham Nrl / Abnrl
Shlder	Nrl / Abnrl	Ankle Nrl / Abnrl
Elbow	Nrl / Abnrl	Feet Nrl / Abnrl
Hands	Nrl / Abnrl	Heel/toe Nrl / Abnrl
Back	Nrl / Abnrl	Duck walk Nrl / Abnrl

Notes: _____

Immunizations given today: _____

Physician Signature _____	Date of Exam _____
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I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities. I authorize the release of information contained in this document to the school nurse, athletic trainer, coaches, medical providers and any other school personnel involved in the care of this student.

Parent or Legal Guardian Signature _____ Date _____

Athlete Signature _____ Date _____

