

Clinton School District #32

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

A physical examination is required for each student in order to be considered eligible for participation in a Clinton School athletic event. Physical examinations must be completed prior to the first practice. This examination must be certified by a physician, a physician assistant (PA), or a nurse practitioner (NP). This certification is valid for a period of one school year.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please Print)

Name _____ Male _____ Female _____ Date of Birth _____ Grade _____

Home Address _____ Phone _____

Parent's Name _____ Family Physician _____

Date Signature of Student

HEALTH HISTORY (Student Athlete or Parent/Guardian to fill out 1-33 before exam)

(Parent/Guardian is required to sign on back of the form after examination)

	Yes	No	Has this Student Had Any?		Yes	No	Has this Student Had Any?
1.	___	___	Chronic or recurrent illness?	14.	___	___	Asthma?
2.	___	___	Hospitalizations?	15.	___	___	Epilepsy?
3.	___	___	Surgery, other than tonsillectomy?	16.	___	___	Diabetes?
4.	___	___	Missing organs (eye, kidney, testicle)?	17.	___	___	Eyeglasses or contact lenses?
5.	___	___	Allergy to medications?	18.	___	___	Dental braces, bridges, plates?
6.	___	___	Problems with heart or blood pressure?		Yes	No	Is there a history of?
7.	___	___	Chest pain with exercise?	19.	___	___	Injuries requiring medical treatment?
8.	___	___	Dizziness or fainting with exercise?	20.	___	___	Neck injury?
9.	___	___	Frequent headaches, convulsions, dizziness, or fainting?	21.	___	___	Knee injury?
10.	___	___	Concussion or unconsciousness?	22.	___	___	Knee surgery?
11.	___	___	Heat exhaustion, heat stroke or other heat problems?	23.	___	___	Ankle injury?
12.	___	___	Any illness lasting over a week?	24.	___	___	Other serious joint injury?
13.	___	___	Mononucleosis or anemia?	25.	___	___	Broken bones (fractures)?
	Yes	No	Further history:				
26.	___	___	Is there any history of family or genetic disease?				
27.	___	___	Has any family member died suddenly at less than 40 years of age of causes other than an accident?				
28.	___	___	Has any family member had a heart attack at less than 55 years of age?				
29.	___	___	Are you uncomfortably short of breath after running 1/2 mile (2 times around the track) without stopping?				
30.	List all medications you are presently taking and what condition the medication is for.						
	A. _____						
	B. _____						
31.	What is the most and the least you have weighed in the past year? Most _____ Least _____						
32.	Have you had a medical problem/injury since your last physical where you missed 3 or more practices? _____						
33.	Do you have any questions you would like to ask the Doctor? _____						
	Date of last known tetanus (lockjaw) shot: _____						

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____
3. Have you had any bladder/kidney infections in the past year? _____

Use this space to explain any of the above numbered YES answers or to provide any additional information:

PHYSICAL EXAMINATION RECORD (To be filled out by licensed professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ Hemoglobin (optional) _____ UA (optional) _____

	Normal	Abnormal Findings	Initials
1. Eyes L /20 R /20 Pupils			
2. Ears, Nose & Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitals - Hernia			
10. Musculoskeletal; ROM, Strength, Etc.			
11. Neurological			
12. Tanner stage I II III IV V			

Comments regarding Abnormal Findings/Recommendations: _____

Participation Recommendations:

_____ Full and Unlimited Participation

_____ Limited Participation - May not participate in the following (checked):

_____ Basketball _____ Cross Country _____ Football _____ Golf _____ Soccer
_____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling _____ Other

_____ Clearance Pending Documented follow-up of _____

_____ No Athletic Participation

Licensed Professional's Name (Printed)

Date

Signature

Phone

Parent's or Guardian's Permission and Release

I hereby give my consent for the above student to engage in approved athletic activities as a representative of Clinton School, except those indicated above by the licensed professional. I also give my permission for qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

Typed or Printed Name of Parent or Guardian

Signature of Parent or Guardian

Address

Phone

Date

Insurance (Company Name) _____