Physical Examination

to be completed by examiner

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/_____

Right 20/_____

Optional
Urinalysis:
Body Fat %:
HCT:
EST VO2 Max:
Audiometry:

Normal		Abnormal	
☐	1. Head	☐	_____
☐	History of Concussions	☐	_____
☐	2. Eyes (pupils), ENT	☐	_____
☐	3. Teeth	☐	_____
☐	4. Chest	☐	_____
☐	5. Lungs	☐	_____
☐	6. Heart	☐	_____
☐	7. Abdomen	☐	_____
☐	8. Genitalia	☐	_____
☐	9. Neurologic	☐	_____
☐	10. Skin	☐	_____
☐	11. Physical Maturity	☐	_____
☐	12. Spine, Back	☐	_____
☐	13. Shoulders, Upper extremities	☐	_____
☐	14. Lower extremities	☐	_____

Assessment: ☐ Full participation

☐ Limited participation (describe limitations, restrictions)

_____

☐ Participation contraindicated (list reasons):

_____

Recommendations (equipment, taping, rehabilitation, etc.):

_____

_____ _____

Date Examiner's Signature

( )_____ _____

Examiner's Phone Print Examiner's Name

Olympia School District

Initial Athletic Physical Examination Form

Name: _____

Address: _____

_____

Phone: _____

Sport(s) _____

_____

_____

_____

_____

Exam Date: _____

5/2007

Preparticipation History and Physical Examination

to be completed by student/parent prior to examination

		Yes	No	
1.	a.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
	b.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
	c.	☐	☐	Do you have any chronic or recurrent illness?
	d.	☐	☐	Have you ever had any illness lasting more than a week?
	e.	☐	☐	Have you ever been hospitalized overnight?
	f.	☐	☐	Have you had any surgery other than tonsillectomy?
	g.	☐	☐	Have you ever had any injuries requiring treatment by a physician?
	h.	☐	☐	Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2.		☐	☐	Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3.		☐	☐	Do you have ANY allergies (medicines, bees, foods, or other factors)?
4.	a.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
	b.	☐	☐	Do you tire more easily or quickly than your friends during exercise?
	c.	☐	☐	Have you ever had any problem with your blood pressure or your heart?
	d.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5.		☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
6.	a.	☐	☐	Have you ever had a concussion? If yes, list number and severity.
	b.	☐	☐	Have you ever had fainting, convulsions, seizures or severe dizziness?
	c.	☐	☐	Do you have frequent severe headaches?
	d.	☐	☐	Have you ever had a "stinger" or "burner" or "pinched nerve"?
	e.	☐	☐	Have you ever been "knocked out" or "passed out"?
	f.	☐	☐	Have you ever had a neck or head injury?
7.		☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
8.		☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
9.	a.	☐	☐	Do you wear eyeglasses, contact lenses or protective eye wear?
	b.	☐	☐	Have you had any problem with your eyes or vision?
10.		☐	☐	Do you wear any dental appliance such as braces, bridge, plate, retainer?
11.	a.	☐	☐	Have you ever had a knee injury?
	b.	☐	☐	Have you ever had an ankle injury?
	c.	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
	d.	☐	☐	Have you ever had a broken bone (fracture)?
	e.	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12.		☐	☐	Has it been more than 5 years since your last tetanus booster shot?
13.		☐	☐	Are you worried about your weight?
14.		☐	☐	FEMALES: Have you any menstrual problems?
15.		☐	☐	Have you any medical concerns about participating in your sport?

Examiner's Comments on all "YES" answers (refer to question number):