

**ATHLETIC PRE-PARTICIPATION  
PHYSICAL EXAMINATION**

**ARTICLE VII 36.14(1) PHYSICAL EXAMINATION.** Every year each student (grades 7-12) shall present to the student superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

**QUESTIONNAIRE FOR ATHLETIC PARTICIPATION** (Please type or print this information)

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Physician \_\_\_\_\_

Signature of Student Athlete \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH HISTORY** (The following questions should be completed by the student/athlete with the assistance of a parent/guardian. A parent or guardian is required to sign on the back of this form after the physical examination is completed.

- |  |            |            |  |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
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| <table border="0" style="width: 100%;"><tr><td style="width: 10%;"></td><td style="width: 10%; text-align: center;"><b>YES</b></td><td style="width: 10%; text-align: center;"><b>NO</b></td><td style="width: 80%;"><i>Has this student had any?</i></td></tr><tr><td>1.</td><td>_____</td><td>_____</td><td>Chronic or recurrent illness or injury?</td></tr><tr><td>2.</td><td>_____</td><td>_____</td><td>Any illness lasting more than one (1) week?</td></tr><tr><td>3.</td><td>_____</td><td>_____</td><td>Rheumatic fever, mononucleosis?</td></tr><tr><td>4.</td><td>_____</td><td>_____</td><td>Hospitalizations (overnight or longer)?</td></tr><tr><td>5.</td><td>_____</td><td>_____</td><td>Surgery other than tonsillectomy?</td></tr><tr><td>6.</td><td>_____</td><td>_____</td><td>Missing organs (eye, kidney, testicle)?</td></tr><tr><td>7.</td><td>_____</td><td>_____</td><td>Allergy to medications, insects, food?</td></tr><tr><td>8.</td><td>_____</td><td>_____</td><td>Seasonal allergies (hay fever)?</td></tr><tr><td>9.</td><td>_____</td><td>_____</td><td>Problems with heart, blood pressure, cholesterol?</td></tr><tr><td>10.</td><td>_____</td><td>_____</td><td>Racing of your heart or skipped heart beats?</td></tr><tr><td>11.</td><td>_____</td><td>_____</td><td>Chest pain with exercise?</td></tr><tr><td>12.</td><td>_____</td><td>_____</td><td>Frequent headaches, convulsions, dizziness, fainting?</td></tr><tr><td>13.</td><td>_____</td><td>_____</td><td>Dizziness or fainting with exercise?</td></tr><tr><td>14.</td><td>_____</td><td>_____</td><td>Concussion, unconsciousness, extremity numbness?</td></tr><tr><td>15.</td><td>_____</td><td>_____</td><td>Heat exhaustion, heat stroke or other heat related problems?</td></tr></table> |            | <b>YES</b> | <b>NO</b>  | <i>Has this student had any?</i> | 1. | _____ | _____ | Chronic or recurrent illness or injury? | 2. | _____ | _____ | Any illness lasting more than one (1) week? | 3. | _____ | _____ | Rheumatic fever, mononucleosis? | 4. | _____ | _____ | Hospitalizations (overnight or longer)? | 5. | _____ | _____ | Surgery other than tonsillectomy? | 6. | _____ | _____ | Missing organs (eye, kidney, testicle)? | 7. | _____ | _____ | Allergy to medications, insects, food? | 8. | _____ | _____ | Seasonal allergies (hay fever)? | 9. | _____ | _____ | Problems with heart, blood pressure, cholesterol? | 10. | _____ | _____ | Racing of your heart or skipped heart beats? | 11. | _____ | _____ | Chest pain with exercise? | 12. | _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | 13. | _____ | _____ | Dizziness or fainting with exercise? | 14. | _____ | _____ | Concussion, unconsciousness, extremity numbness? | 15. | _____ | _____ | Heat exhaustion, heat stroke or other heat related problems? | <table border="0" style="width: 100%;"><tr><td style="width: 10%;"></td><td style="width: 10%; text-align: center;"><b>YES</b></td><td style="width: 10%; text-align: center;"><b>NO</b></td><td style="width: 80%;"><i>Has this student had any?</i></td></tr><tr><td>16.</td><td>_____</td><td>_____</td><td>Asthma?</td></tr><tr><td>17.</td><td>_____</td><td>_____</td><td>Epilepsy or other seizures?</td></tr><tr><td>18.</td><td>_____</td><td>_____</td><td>Diabetes?</td></tr><tr><td>19.</td><td>_____</td><td>_____</td><td>Eyeglasses or contact lenses?</td></tr><tr><td>20.</td><td>_____</td><td>_____</td><td>Dental braces, bridges, plates?</td></tr></table><br><table border="0" style="width: 100%;"><tr><td style="width: 10%;"></td><td style="width: 10%; text-align: center;"><b>YES</b></td><td style="width: 10%; text-align: center;"><b>NO</b></td><td style="width: 80%;"><i>Is there a history of?</i></td></tr><tr><td>21.</td><td>_____</td><td>_____</td><td>Injuries requiring medical treatment?</td></tr><tr><td>22.</td><td>_____</td><td>_____</td><td>Neck Injury?</td></tr><tr><td>23.</td><td>_____</td><td>_____</td><td>Knee Injury?</td></tr><tr><td>24.</td><td>_____</td><td>_____</td><td>Knee Surgery?</td></tr><tr><td>25.</td><td>_____</td><td>_____</td><td>Ankle injury?</td></tr><tr><td>26.</td><td>_____</td><td>_____</td><td>Broken bones (fractures)?</td></tr><tr><td>27.</td><td>_____</td><td>_____</td><td>Other serious joint injuries?</td></tr><tr><td>28.</td><td>_____</td><td>_____</td><td>Use of protective equipment or braces?</td></tr></table> |  | <b>YES</b> | <b>NO</b> | <i>Has this student had any?</i> | 16. | _____ | _____ | Asthma? | 17. | _____ | _____ | Epilepsy or other seizures? | 18. | _____ | _____ | Diabetes? | 19. | _____ | _____ | Eyeglasses or contact lenses? | 20. | _____ | _____ | Dental braces, bridges, plates? |  | <b>YES</b> | <b>NO</b> | <i>Is there a history of?</i> | 21. | _____ | _____ | Injuries requiring medical treatment? | 22. | _____ | _____ | Neck Injury? | 23. | _____ | _____ | Knee Injury? | 24. | _____ | _____ | Knee Surgery? | 25. | _____ | _____ | Ankle injury? | 26. | _____ | _____ | Broken bones (fractures)? | 27. | _____ | _____ | Other serious joint injuries? | 28. | _____ | _____ | Use of protective equipment or braces? |
|  | <b>YES</b> | <b>NO</b>  | <i>Has this student had any?</i>                             |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 1.   | _____      | _____      | Chronic or recurrent illness or injury?                      |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 2.   | _____      | _____      | Any illness lasting more than one (1) week?                  |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 3.   | _____      | _____      | Rheumatic fever, mononucleosis?                              |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 4.   | _____      | _____      | Hospitalizations (overnight or longer)?                      |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 5.   | _____      | _____      | Surgery other than tonsillectomy?                            |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 6.   | _____      | _____      | Missing organs (eye, kidney, testicle)?                      |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 7.   | _____      | _____      | Allergy to medications, insects, food?                       |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 8.   | _____      | _____      | Seasonal allergies (hay fever)?                              |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 9.   | _____      | _____      | Problems with heart, blood pressure, cholesterol?            |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 10.  | _____      | _____      | Racing of your heart or skipped heart beats?                 |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 11.  | _____      | _____      | Chest pain with exercise?                                    |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 12.  | _____      | _____      | Frequent headaches, convulsions, dizziness, fainting?        |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 13.  | _____      | _____      | Dizziness or fainting with exercise?                         |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 14.  | _____      | _____      | Concussion, unconsciousness, extremity numbness?             |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 15.  | _____      | _____      | Heat exhaustion, heat stroke or other heat related problems? |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
|  | <b>YES</b> | <b>NO</b>  | <i>Has this student had any?</i>                             |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 16.  | _____      | _____      | Asthma?  |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 17.  | _____      | _____      | Epilepsy or other seizures?                                  |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 18.  | _____      | _____      | Diabetes?  |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 19.  | _____      | _____      | Eyeglasses or contact lenses?                                |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 20.  | _____      | _____      | Dental braces, bridges, plates?                              |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
|  | <b>YES</b> | <b>NO</b>  | <i>Is there a history of?</i>                                |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 21.  | _____      | _____      | Injuries requiring medical treatment?                        |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 22.  | _____      | _____      | Neck Injury?   |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 23.  | _____      | _____      | Knee Injury?   |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 24.  | _____      | _____      | Knee Surgery?  |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 25.  | _____      | _____      | Ankle injury?  |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 26.  | _____      | _____      | Broken bones (fractures)?                                    |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 27.  | _____      | _____      | Other serious joint injuries?                                |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
| 28.  | _____      | _____      | Use of protective equipment or braces?                       |                                  |    |       |       |   |    |       |       |   |    |       |       |                                 |    |       |       |   |    |       |       |                                   |    |       |       |   |    |       |       |  |    |       |       |                                 |    |       |       |   |     |       |       |  |     |       |       |                           |     |       |       |   |     |       |       |                                      |     |       |       |  |     |       |       |  |   |  |            |           |                                  |     |       |       |         |     |       |       |                             |     |       |       |           |     |       |       |                               |     |       |       |                                 |  |            |           |                               |     |       |       |                                       |     |       |       |              |     |       |       |              |     |       |       |               |     |       |       |               |     |       |       |                           |     |       |       |                               |     |       |       |  |
29. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ *Further History:*  
Is there a history of family or genetic disease?
30. \_\_\_\_\_ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
31. \_\_\_\_\_ Has any family member had a heart attack at less than 55 years of age?
32. \_\_\_\_\_ Are you uncomfortably short of breath after running 1/2 mile (2 times around a track) without stopping?
33. \_\_\_\_\_ List all medications you are presently taking, including asthma inhalers and the condition the medication is for:  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_
33. What is the most and least you have weighed in the past year? Most \_\_\_\_\_ Least \_\_\_\_\_  
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? \_\_\_\_\_

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

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**PHYSICAL EXAMINATION RECORD** (To be completed by a licensed professional as designated in Article VII 36.14(1). This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Athlete's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Hemoglobin (Opt) \_\_\_\_\_ UA (Opt) \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals - Hernia			
12. Musculoskeletal - ROM Strength, etc. (See questions 20-27)			
13. Neurological			

Comments regarding abnormal findings: \_\_\_\_\_

**ATHLETIC PARTICIPATION RECOMMENDATIONS:**

\_\_\_\_\_ **FULL & UNLIMITED PARTICIPATION**

\_\_\_\_\_ **LIMITED PARTICIPATION - MAY NOT PARTICIPATE IN THE FOLLOWING (CHECKED):**

\_\_\_\_\_ **Baseball** \_\_\_\_\_ **Basketball** \_\_\_\_\_ **Cross Country** \_\_\_\_\_ **Football** \_\_\_\_\_ **Golf** \_\_\_\_\_ **Soccer**  
 \_\_\_\_\_ **Softball** \_\_\_\_\_ **Swimming** \_\_\_\_\_ **Tennis** \_\_\_\_\_ **Track** \_\_\_\_\_ **Volleyball** \_\_\_\_\_ **Wrestling**

\_\_\_\_\_ **Clearance Pending** Documented Follow-up of \_\_\_\_\_

\_\_\_\_\_ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

\_\_\_\_\_  
 Licensed Professional's Name (Printed)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Licensed Professional's Signature

\_\_\_\_\_  
 Date

**Parents or Guardian's Permission and Release** (Sign after the physical examination has been completed.)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

\_\_\_\_\_  
 Typed or printed Name of Parent or Guardian

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Address (Street/PO Box, City, State, Zip)

\_\_\_\_\_  
 Phone Number