

Orcutt Union School District Sports Physical Exam

Name _____ Birthdate _____ Exam Date _____

Parent Name _____ Address _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

TO BE COMPLETED BY PHYSICIAN

GENERAL EXAM

Height _____ Weight _____

Eyes R 20/ _____ L 20/ _____
With correction/contacts

Pulse _____

Blood Pressure _____

Ears _____

Nose _____

Throat _____

Heart _____

Lungs _____

Abdomen _____

Dental _____

ORTHOPEDIC EVALUATION

Previous orthopedic surgery? Yes No

If yes, please explain _____

Previous back problems/injuries? Yes No

If yes, please explain _____

<u>MUSCULOSKELETAL EXAM</u>		
INCLUDES RANGE OF MOTION, STRENGTH, AND FLEXIBILITY		
	Normal	Abnormal Findings
Neck		
Shoulders		
Arms/Hands		
Elbow		
Hip/Groin		
Knees		
Ankles		
Feet		

On the basis of the examination on this day, I approve this student's participation in interscholastic sports for one year.

Physician's Name
Please attach physician's business card

Physician's Signature

Physician's Phone Number

MEDICAL HISTORY

To be completed by parent prior to exam

Name _____ Grade _____ Birthdate _____

Explain "Yes" answers below

(Circle One)

1. Has your child ever been hospitalized? _____ YES NO
2. Is your child currently taking any medications or pills? _____ YES NO
3. Does your child have any allergic reactions to: (medicine, insect stings, etc?) _____ YES NO
4. Has your child ever passed out during or after exercise? _____ YES NO
5. Has your child ever been dizzy during or after exercise? _____ YES NO
6. Has your child ever had chest pain during or after exercise? _____ YES NO
7. Does your child tire more quickly than his/her friends during strenuous physical activity? _____ YES NO
8. Has your child ever been diagnosed with high blood pressure? _____ YES NO
9. Has your child ever been diagnosed with a heart murmur? _____ YES NO
10. Has your child ever experienced racing of the heart, or skipped heartbeats? _____ YES NO
11. Have any family members died of heart problems or sudden death before the age of 50? _____ YES NO
12. Does your child have any skin problems (itching, rashes, acne)? _____ YES NO
13. Has your child ever had a head injury (concussion)? _____ YES NO
14. Has your child ever been knocked out or unconscious? _____ YES NO
15. Has your child ever had a seizure? _____ YES NO
16. Has your child ever had heat or muscle cramps? _____ YES NO
17. Has your child ever been dizzy or passed out in the heat? _____ YES NO
18. Does your child have a breathing condition (Asthma), which gives him/her problems during or after physical activity? _____ YES NO
19. Is your child required to use special protective equipment (pads, mouth guard, eye guards, & knee, elbow, ankle brace)? _____ YES NO
20. Has your child ever had any problems with his/her eyes or vision? _____ YES NO
21. Does your child wear glasses, contacts, or protective eyewear? _____ YES NO
22. Has your child ever sprained, strained, dislocated, fractured a bone, or experienced any bone, joint, and/or muscular swelling? If yes, please check on the following list: _____ YES NO
___ Head ___ Neck ___ Chest ___ Ribs ___ Shoulder ___ Hand ___ Knee ___ Elbow ___ Spine ___ Foot
___ Back ___ Hip ___ Hernia ___ Thigh ___ Fingers ___ Shin ___ Calf ___ Ankle ___ Toes
23. Has your child ever had surgery? _____ YES NO
24. Has your child had any other medical problems? If yes, please check the following list: _____ YES NO
___ Mononucleosis ___ Diabetes ___ Pneumonia ___ Anemia ___ Hepatitis ___ Ulcers ___ Other

Explain all "Yes" answers: _____

PARENTAL CONSENT

I hereby give my consent for my son/daughter to compete in sports and to go with a representative of the school to any school sponsored sports event. In case of accident or injury, when medical attention is required for my son/daughter and I am unable to be located, I authorize the Orcutt Union School District to engage, at my expense, the services of qualified medical personnel.

Parent Name

Parent Signature

Date

For District Use Only:

Exam reviewed by: _____ Date: _____