



St. Clement's School Athletics Physical

PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) Sex Age Date of Birth
Address Phone
Grade School
Personal Physician Phone
In case of emergency, contact: Name Relationship Phone (H) (W)

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation

1. Have you had a medical illness or injury since your last check up or sports physical?
2. Have you been hospitalized overnight in the past year?
3. Have you ever passed out during or after exercise?
4. Have you ever had a head injury or concussion?
5. Are you missing any paired organs?
6. Are you under a doctor's care?
7. Are you currently taking any prescription or non-prescription medication...
8. Do you have any allergies...
9. Have you ever been dizzy during or after exercise?
10. Do you have any current skin problems...
11. Have you ever become ill from exercising in the heat?
12. Have you had any problems with your eyes or vision?
13. Have you ever gotten unexpectedly short of breath with exercise?
14. Do you use any special protective or corrective equipment...
15. Have you ever had a sprain, strain, or swelling after injury?
16. Do you want to weigh more or less than you do now?
17. Do you feel stressed out?
18. Have you ever been diagnosed with or treated for sickle cell trait...
Females Only
19. When was your first menstrual period?
When was your most recent menstrual period?
How much time do you usually have from the start of one period to the start of another?
How many periods have you had in the last year?
What was the longest time between periods in the last year?
**EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature: Parent/Guardian Signature: Date:

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIBBAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.



St. Clement's School Athletics Physical

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____/____, ____/____)
brachial blood pressure while sitting
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

 Not cleared for: _____ Reason: _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.