

Current Sport \_\_\_\_\_

SHORELINE SCHOOL DISTRICT

Sport Physical is good from 24 months based on the date of the actual physical exam by the Health care practitioner.

1/14

PLEASE KEEP A COPY FOR YOUR RECORDS

SECONDARY STUDENT HEALTH REPORT

All sections outlined in bold boxes are to be completed by health care provider

HEALTH HISTORY Completed by Parent/Guardian

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

YES NO

- 1. Any chronic or recurrent illnesses?
2. Any illness lasting more than a week?
3. Any hospitalizations?
4. Any surgery other than tonsillectomy?
5. Any injuries requiring treatment by a physician?
6. Presently taking any medications?
7. Any problems with blood pressure or heart?
8. Any dizziness, fainting, convulsions or frequent headaches?
9. Have you ever "passed out" or been "knocked out"?
10. Wear eyeglasses or contact lenses?
11. Wear any dental appliance such as braces, bridge or plate?
12. Allergic to ANY medication (aspirin, penicillin, etc.)?
13. Any knee or ankle injury and/or surgery?
14. Been diagnosed with a concussion? Date? (mth/yr)
15. Any history of neck injury?
16. Any other joint sprains or dislocations (shoulder, wrist, finger, etc.)?
17. Any broken bones (fractures)?
18. Any organ missing other than tonsils (appendix, eye, kidney, testicles)?
19. Any heat exhaustion or heat stroke?
20. Any reasons why this applicant should not participate in sports?
21. Any menstrual problems?
22. Do you have to stop while running twice around a 1/4 mile track?
23. Have any family history of "heart problems" under age 50?

PARENTAL PERMISSION I give my permission for the above-named child to participate in the sport(s) approved by the examiner under the auspices of the Shoreline School District and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

DATE \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

Exam Date \_\_\_\_\_ PHYSICAL EXAMINATION

HEIGHT \_\_\_\_\_ inches WEIGHT \_\_\_\_\_ Pounds M \_\_\_ F \_\_\_ AGE \_\_\_\_\_ Years

PULSE \_\_\_ BLOOD PRESSURE \_\_\_\_\_ VISUAL ACUITY: Left 20/ Right 20/

HEARING Left \_\_\_ Right \_\_\_

Table with 4 columns: NORMAL, ABNORMAL\*, NORMAL, ABNORMAL\*. Rows include: 1. Head, 2. Eyes (Pupils), ENT, 3. Teeth, 4. Chest, 5. Lungs, 6. Heart, 7. Abdomen, 8. Genitalia, 9. Neurological, 10. Skin, 11. Physical Maturity, 12. Spine, back, 13. Upper Extremities, 14. Lower Extremities, 15. Urinalysis.

\* Describe findings \_\_\_\_\_

List any immunizations given at this visit \_\_\_\_\_

Recommendation: I certify that I have examined this pupil on the date above and find him/her physically able to compete in supervised interscholastic activities as described below. ( ) No contraindications to FULL participation ( ) Has following limitations but may participate: ( ) Life threatening condition (asthma/severe allergy/requires medication/etc) ( ) Participation contraindicated for following reasons:

Student may participate in ACTIVITIES NOT CROSSED OUT BELOW for the next 24 months, which could include middle school & high school competition.

BASEBALL BASKETBALL CROSS COUNTRY DRILL FOOTBALL GOLF WRESTLING GYMNASTICS SOCCER SOFTBALL SWIMMING TENNIS TRACK CHEER VOLLYBALL OTHER \_\_\_\_\_

Date of Signing: \_\_\_\_\_ EXAMINER'S SIGNATURE \_\_\_\_\_

Examiner's Stamp EXAMINER'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

EXAMINER'S COMMENTS ON HISTORY ("yes" answers above):