



SPORTS PHYSICAL EXAMINATION FORM

PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)

Form with fields: LAST NAME, FIRST NAME, GRADE, BIRTHDATE, FALL SPORT, WINTER SPORT, SPRING SPORT, STUDENT ID NUMBER

PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)

Health history questionnaire with 32 items, 'Yes/No' columns, and additional questions about eyeglasses, dental, and medications.

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_ Date of last complete physical examination: \_\_\_\_\_

Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):

PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports.

Form with fields: PRINT NAME OF PARENT OR GUARDIAN, SIGNATURE OF PARENT OR GUARDIAN, ADDRESS, WORK PHONE, HOME PHONE, DATE, REGULAR PHYSICIAN'S NAME, OFFICE PHONE, PROVIDER CLINIC OR ORGANIZATION

PART 2 - MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

Medical evaluation table with columns: NORMAL, ABNORMAL (Describe), (May be contained on Provider's Form). Includes fields for Eyes/Ears/Nose/Throat, Heart, lungs, pulmonary function, Abdomen, genital/hernia (males), Skin and Musculoskeletal, Neurologic Screening Exam (NSE)/ Concussion Screening Evaluation, Comments, PHYSICIAN STAMP, PRINT NAME OF PHYSICIAN, PHYSICIAN'S SIGNATURE, DATE.