



Sports Participation Physical Evaluation 2022-2023

Date of Medical Exam: _____

Student's Name: _____ Date of Birth: _____ Age: _____

Parent's Name: _____

Physician's Name: _____

Address: _____

Phone: _____

Recent (3 years) Medical History

(must be completed by physician)

- Hospitalizations No Yes*
- Serious illnesses No Yes*
- Accidents No Yes*
- Allergies No Yes*
- Physical Handicaps No Yes*
- Has it been necessary to limit the applicant's activity?
 No Yes*
- Medical conditions requiring continuing use of
medications? No Yes*

Physical Examination

Height _____% Weight _____%

Blood Pressure _____

Vision: Normal Corrected Other*

Hearing: Normal Corrected Other*

Any temporary hearing problem? No Yes*

Mouth: Any structures which could affect speech?

No Yes*

Motor Coordination: Normal Abnormal*

General Physical Examination: _____

Developmental Assessment: _____

Use this area to note details related to affirmative (yes) answers under Medical History.

Important

Date of most recent tetanus vaccination:

**Please explain in the section provided.*

(Please complete reverse side.)

Physical Evaluation—continued

Childhood Diseases *(please indicate dates where applicable)*

Measles _____ Mumps _____ German Measles _____
Chicken Pox _____ Other: _____

Illnesses *(please indicate dates where applicable)*

Convulsions _____ Diabetes _____ Encephalitis _____
Heart Disease _____ Meningitis _____ Kidney _____
Recurrent Ear Infections _____
Other _____

Developmental and Medication History

Please note any family history of epilepsy or other neurological/emotional disorders:

Please list any medications given for hyperactivity, convulsions, or any disorder of similar nature:

Is the child currently on any other type of medication? No Yes , if so please list.

Other

Can applicant participate in athletics and physical education programs? No Yes , please state reasons.

Remarks

Physician's Signature: _____ Date: _____