Bear Creek
PEDIATRICS

PHYSICAL EXAM

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Name: ______________________ Date of Birth: ______________

Mailing Address: ______________________ Phone: ______________

City/State/Zip: ______________________ Grade: ______________

Emergency Contact: ______________________ Emergency Phone: ______________

Health Care Provider: ______________________ Date of Exam: ______________

Sports: ______________________ Last Tetanus Shot: ______________

MEDICATIONS TAKEN REGULARLY	ALLERGIES
______________________	☐ Medicine ______________
______________________	☐ Bee Sting ______________
______________________	☐ Other ______________

Yes	No		
☐	☐	1.	Have you had a medical problem or injury since your last evaluation?
☐	☐	2.	Have you ever been in the hospital or had an operation?
☐	☐	3.	Have you ever been dizzy or passed out during or after exercise?
☐	☐	4.	Have you ever had chest pain during or after exercise?
☐	☐	5.	Have you ever had high blood pressure, a heart murmur, or irregular heartbeats?
☐	☐	6.	Has anyone in your family died of heart problems or sudden death before age 50?
☐	☐	7.	Have you ever been knocked out or unconscious, had a head injury, or a seizure?
☐	☐	8.	Have you ever had a pinched nerve?
☐	☐	9.	Have you ever had muscle cramps, heat exhaustion, or heat stroke?
☐	☐	10.	Do you have trouble breathing or do you cough during or after activity?
☐	☐	11.	Have you ever had asthma, diabetes, mono, or other medical problems?
☐	☐	12.	Are you missing an eye, kidney, or testicle?
☐	☐	13.	Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.)?
☐	☐	14.	Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone?
			☐ Neck ☐ Back ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Hand
			☐ Hip ☐ Thigh ☐ Knee ☐ Shin/Calf ☐ Ankle ☐ Foot
☐	☐	15.	Are you satisfied with your weight?
☐	☐	16.	At what age was your first menstrual period (female)? ______________
☐	☐	17.	Do you have at least eight periods in a year (female)? ______________

Please explain any "yes" answers:

Parent/Guardian read and sign: I hereby state that, to the best of my knowledge, the answers to the above questions are correct.

______________________ ______________________ ______________
Signature of Parent/Guardian Signature of Athlete Date

PHYSICAL EXAMINATION

Name ________________________________ Age _________ Date of Exam ________________ Today's Date ________________

Height:	Weight:	BP:	Pulse:
Vision: R 20/	Vision: L 20/	Corrected? ☐ Yes ☐ No	BMI:

	NORMAL	ABNORMAL	INITIALS
HEENT			
Pupils Equal			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles/Hernia			
MUSCULOSKELETAL (Symmetry/ROM/Strength/Flexibility)			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee			
Ankle			
Foot			

☐ No restriction for sports participation.

☐ Clearance withheld pending attached verification of rehabilitation/evaluation for: ____

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☐ Limited participation. Not cleared for the following sports: ____

____

☐ Minimum high school wrestler weight (circle): 75 79 83 89 90 93 96 99 103 112 119
125 130 135 140 145 152 160 171 189 215 UNL

Recommendations: ____

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Examiner's Signature: ________________________________ Date: ____________________

☐ Lisa Madden, ARNP ☐ Sasha Ormand, ARNP