



1410 N. Mullan Road Suite 200
Spokane Valley, WA 99206
509-838-1188 Phone
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SPORTS PHYSICAL

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 had 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?
 - Ankle Back Foot Hip Neck Shoulder
 - Arm Elbow Hand/Wrist Knee Shin/Calf Thigh
- 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
- 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: _____

Examiner's Signature: _____ **Date:** _____

- Sasha Hull, ARNP _____