

**PHYSICAL EXAMINATION FORM AND SPORTS CANDIDATE FORM Grs. 7-12**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SPORT: \_\_\_\_\_

**PAST HEALTH HISTORY(Provide dates): Current Medications:**

Asthma: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Cardiac: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_ Pneumonia: \_\_\_\_\_  
 Mononucleosis: \_\_\_\_\_ Seizure Disorder: \_\_\_\_\_ Allergies: \_\_\_\_\_ Fifth Disease: \_\_\_\_\_  
 Lyme Disease: \_\_\_\_\_ Fractures/Dislocations/Sprains: \_\_\_\_\_ Other: \_\_\_\_\_  
 Head Trauma/Concussion&Grade: \_\_\_\_\_ Hospitalization/Surgery: \_\_\_\_\_

**IMMUNIZATION RECORD: (MUST BE COMPLETED BY PHYSICIAN - Provide mm/dd/yy):**

DTaP: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ DT: \_\_\_\_\_ Tdap: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Polio: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ Varicella/Varivax: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 MMR: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Measles: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_  
 Hib: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ PCV/Prevnar:1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 HEP B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ HEP A: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Menactra/Menomune: \_\_\_\_\_  
 HPV/Gardasil: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ Rotavirus: \_\_\_\_\_ Other: \_\_\_\_\_  
 TB/PPD: \_\_\_\_\_ Result: \_\_\_\_\_ CXR/Result: \_\_\_\_\_ BCG: \_\_\_\_\_

**OVER THE COUNTER TOPICAL MEDICATIONS (MUST BE COMPLETED BY PHYSICIAN):**

The following non-prescription medications are stocked in the Health Office and are used on an as needed basis to manage injuries/mild skin irritations. **CROSS OUT ANY THAT YOU DO NOT WANT THE STUDENT TO USE:** Eye Wash, Contact Lens Solution, Saline Solution, Liquid Tears, Hydrocortisone cream 0.5% & 1%, Benadryl Cream, Bacitracin/antibiotic ointment, Bactine, Caladryl Clear, Calamine Lotion, Aquaphor, Zinc, Hydrogen Peroxide, Eucerin, Lubriderm, First Aid Cream, Sting Relief.

**FOR INTERSCHOLASTIC COMPETITIVE SPORTS – MUST BE COMPLETED BY A PHYSICIAN:**

This certifies that the above named student is physically qualified to participate in the following categories of competition during the current school year.

<u>Contact/Collision</u>	<u>Limited Contact/Impact</u>	<u>Strenuous Noncontact</u>	<u>Nonstrenuous Noncontact</u>
{ } Yes { } No	{ } Yes { } No	{ } Yes { } No	{ } Yes { } No
Football	Baseball, Basketball,	Cross Country,	Bowling,
Lacrosse,	Cheerleading, Diving,	Badminton,	Golf
Soccer,	Gymnastics, Handball,	Swimming, Tennis,	
Wrestling	Kickline, Softball, Volleyball	Track & Field, Winter Track	

**SCHOOL HEALTH HISTORY:** Student carries: { } EPIPEN { } INHALER { } INSULIN PUMP/PEN

Other: \_\_\_\_\_

Reason for Disqualification, if any: \_\_\_\_\_

**PHYSICAL EDUCATION PARTICIPATION:** FULL: \_\_\_\_\_ LIMITED: \_\_\_\_\_ NONE: \_\_\_\_\_

Explain IF LIMITED OR NONE: \_\_\_\_\_

**HEALTH EXAMINATION (\*ACTUAL READINGS REQUIRED):** WNL = Within Normal Limits

\*Height \_\_\_\_\_ \*Weight \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ \*Pulse \_\_\_\_\_ \*Body Mass Index \_\_\_\_\_  
 \*Weight Status Category (BMI Percentile): \_\_\_\_\_ Less than 5<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> through 49<sup>th</sup> \_\_\_\_\_ 50<sup>th</sup> through 84<sup>th</sup> \_\_\_\_\_  
 85<sup>th</sup> through 94<sup>th</sup> \_\_\_\_\_ 95<sup>th</sup> through 98<sup>th</sup> \_\_\_\_\_ 99<sup>th</sup> and higher \_\_\_\_\_

Neurological: \_\_\_\_\_ GI: \_\_\_\_\_  
 Eyes (with/without correction): (R) \_\_\_\_\_ (L) \_\_\_\_\_ GU: \_\_\_\_\_  
 Ears/Nose/Throat: \_\_\_\_\_ Skin: \_\_\_\_\_  
 Mouth/Teeth: \_\_\_\_\_ Orthopedic: \_\_\_\_\_  
 Cardiac: \_\_\_\_\_ Scoliosis: \_\_\_\_\_  
 Pulmonary: \_\_\_\_\_ Nutrition: \_\_\_\_\_

STAMP:

PE Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_