

SPORTS PHYSICAL EXAM

Date of Exam _____

D.O.B. _____

Patient Name _____

History

1. Intended sport(s): football volleyball basketball soccer
 a. Planned role (position, etc.) _____
2. Current medical problems _____
 a. Current medications _____
3. Past health history _____
 a. Previous head/neck injury _____
 b. Previous seizures _____
 c. Previous broken bones/joint injuries _____
 d. Previous surgeries (type & age) _____
 e. Dizziness/wheezing during exercise _____
 f. Family history of sudden death under age of 50 _____

Physical

Visual acuity With glasses R _____ L _____ Both _____

 Without glasses R _____ L _____ Both _____

Height _____ Weight _____ BP _____ Pulse _____ With exercise – jogging in place for one minute _____

Skin (contagious lesions) _____

Eyes (fundoscopic) _____

Ears _____

Lungs _____

Heart _____

Abdomen _____

Genitourinary (hernia, testicular exam, Tanner stage) _____

Musculoskeletal (gait, scoliosis, joints, strength) _____

Neuro (coordination, reflexes) _____

Based on medical history and physical exam, this student is approved for participation in sports activities for the current school year.

Physician's Signature

Signature of parent or guardian _____

Date _____