

# 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 \_\_\_\_\_