



BREWER SCHOOL DEPARTMENT

*Physical Examination Report
for
Sports Participation*



STUDENT NAME _____ Date of Birth _____
Age ____ Grade ____ Male ____ Female ____

****** Please Attach Copy of Immunization Record ******

Height _____ Weight _____ T _____ P _____ B/P _____

Vision R 20/ _____ L 20/ _____ With glasses/contacts

Medical Concerns: None ____ Yes ____ Please list allergies, asthma, seizure disorder, diabetes, or other conditions.

Does student take any daily medications?

No ____ Yes ____ list: _____

ASSESSMENT:

- | | | | |
|-----------------|---------------------|----------------------|--------------------------|
| 1. Eyes ____ | 6. Teeth ____ | 11. Lungs ____ | 16. Skeletal ____ |
| 2. Ears ____ | 7. Thyroid ____ | 12. Abdomen ____ | 17. Skin ____ |
| 3. Hearing ____ | 8. Lymph nodes ____ | 13. Hernia ____ | 18. Reflexes ____ |
| 4. Nose ____ | 9. Chest ____ | 14. Genitalia ____ | 19. Pilonidal sinus ____ |
| 5. Throat ____ | 10. Heart ____ | 15. Extremities ____ | 20. Emotional Adj ____ |

Recommendations: ____ Full participation ____ Limited participation, please explain:

Cleared with recommendation for further evaluation for _____

Physician's Name(Print) _____ Phone _____

Physician's Signature _____ Date _____

Student Name _____ Grade _____ DOB _____
 Allergies: None _____ Yes: _____

HEALTH HISTORY QUESTIONNAIRE

- | | YES | NO |
|--|-------|-------|
| 1. Have you ever had an illness that: | | |
| a. required you to stay in the hospital? | _____ | _____ |
| b. required an operation? | _____ | _____ |
| c. is chronic? (asthma, diabetes, etc) | _____ | _____ |
| d. caused you to miss 3 days of practice or competition? | _____ | _____ |
| 2. Have you ever had an injury that: | | |
| a. required you to go to an emergency room or see a doctor? | _____ | _____ |
| b. required you to stay in the hospital? | _____ | _____ |
| c. required x-rays? | _____ | _____ |
| d. caused you to miss 3 days of practice or competition? | _____ | _____ |
| e. required an operation? | _____ | _____ |
| 3. Do you take any medications for asthma, diabetes or other conditions? | _____ | _____ |
| 4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? | _____ | _____ |
| 5. Have you ever: | | |
| a. been dizzy or passed out during or after exercise? | _____ | _____ |
| b. been unconscious or had a concussion? | _____ | _____ |
| 6. Are you able to run a half mile(2 times around track)without stopping? | _____ | _____ |
| 7. Do you wear: | | |
| a. glasses or contacts? | _____ | _____ |
| b. dental bridges, plates, or braces? | _____ | _____ |
| 8. Have you ever had a heart murmur, high blood pressure, or other heart heart problem? | _____ | _____ |
| 9. Have you ever had any kidney problems? | _____ | _____ |

FEMALES ONLY

10. Have you ever had a menstrual period? _____
11. At what age did you begin your first menstrual period? _____
12. In the last year, what is the longest time you have gone between periods? _____

Explain "YES" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of Athlete _____ Date _____
 Signature of Parent/Guardian _____ Date _____