

**STANWOOD CAMANO SCHOOL DISTRICT
PRE-PARTICIPATION PHYSICAL EXAMINATION FOR
ALL HIGH SCHOOL AND MIDDLE SCHOOL SPORTS**

Name _____ Age _____ Birthdate _____ Entering Grade _____

Student I.D.# _____ Playing these Sports _____

Parent/Guardian Name _____ Home Phone # _____

Address _____

Family History:

Have any of your blood relatives had any of the following, please check "yes" answers only.

_____ Heart Disease or High Blood Pressure	_____ Kidney Disease
_____ Diabetes	_____ Seizures/Convulsion
_____ Tuberculosis	_____ Asthma
_____ Heart Murmur	

STUDENT PERSONAL HISTORY: Circle ONLY YES answers Use This Area to

Have You Had? Explain All YES Answers:

HIV/AIDS	Yes	Enlarged spleen	Yes	Has your physical activity been restricted during the past 5 years? Yes (give reason & duration)
Measles	Yes	Missing an organ	Yes	
German Measles	Yes	Rheumatic fever	Yes	
Mumps	Yes	Heart Murmur/disease	Yes	
Chicken Pox	Yes	Joint Disease/injury	Yes	Do you think you have any health problems at present? Yes
Malaria	Yes	Shoulder dislocation	Yes	
Anemia	Yes	Trick knee, etc.	Yes	Have you received treatment or counseling for a nervous condition, personality disorder, or emotional problem? Yes
Sinusitis	Yes	Back problem	Yes	
Eye trouble	Yes	Tumor, cancer, cyst	Yes	
Sickle cell anemia	Yes	Gallbladder trouble	Yes	
Nose/Throat trouble	Yes	Digestive trouble	Yes	Have you consulted or been treated by a clinic, physicians, or healers or other practitioners within the past 5 years other than routine checkups? Yes
Hay fever	Yes	Recurrent Diarrhea	Yes	
Asthma	Yes	Rupture, hernia	Yes	
Mononucleosis	Yes	Dizziness, Fainting	Yes	
Hepatitis	Yes	Weakness, Paralysis	Yes	Recent Gain/loss weight Yes Do you consider yourself overweight? (over 20 lbs.) Yes
Allergy:		Venereal disease	Yes	
Penicillin	Yes	Urine/Album/Sugar	Yes	
Sulfonamides	Yes	Frequent urination	Yes	
Serum	Yes	Blood in urine	Yes	Insomnia Yes Anxiety/depression Yes Worry/Nervousness Yes Anorexia/bulimia Yes Chronic cough Yes
Hives	Yes	Pinched nerve	Yes	
Other: _____		Heat stroke/heat exhaustion	Yes	Scoliosis (curvature of spine) Yes
			Yes	

Surgery:		Chest pain/pressure	Yes
Appendectomy	Yes	Growth problems	Yes
Tonsillectomy	Yes	Black out	Yes
Hernia repair	Yes	Joint pain/swelling	Yes
Other: _____		Shortness of breath	Yes
Recurrent Headache	Yes	Palpitation (heart)	Yes
		Head injury w/unconsciousness	Yes

Do you wear glasses or contact lenses? <_>yes <_>no
 Have you had extensive dental repairs? <_>yes <_>no (crowns, dentures, replacements or braces?)
 Dentists Name and Phone #:

Parent Signature: _____ Student Signature: _____

FOR MALES ONLY

Absence of one testicle? <_>yes <_>no
 Undescended testicle: <_>yes <_>no

FOR FEMALES ONLY

At what age did you start your first menstrual cycle?
 In the last year, what was the longest time between periods?

Name _____ Age _____ Birthdate _____
 Height _____ Weight _____ Blood Pressure _____ / _____ Entering Grade _____
 Vision: OK ___ Corrected y ___ n ___ Needs Investigation ___

Medical Exam - Physician Completes:

	OK	PROBLEM	COMMENT
Dental	_____	_____	_____
Eyes	_____	_____	_____
Ears, Nose, Throat	_____	_____	_____
Head & Neck	_____	_____	_____
Skin & Scalp	_____	_____	_____
Lymphatics	_____	_____	_____
Thorax	_____	_____	_____
Lungs	_____	_____	_____
Heart	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Genitalia	_____	_____	_____
Neurologic	_____	_____	_____

Orthopedic Exam:

Neck & Shoulder	_____	_____	_____
Back	_____	_____	_____
Elbow, Hand, Wrist	_____	_____	_____
Hip/Thigh	_____	_____	_____
Knee	_____	_____	_____
Leg/Ankle	_____	_____	_____
Feet/Toes	_____	_____	_____

Flexibility _____

Other _____

Athletic Clearance:

- _____ No Athletic Participation
- _____ Limited Participation, eg: _____
- _____ Clearance Withheld Until: _____
- _____ must return in **One Year**
- _____ Full Unlimited Participation in ALL high school & middle school sports

THIS PHYSICAL IS GOOD FOR ** 2 YEARS ** UNLESS OTHERWISE NOTED

NOTES: _____

I have examined the above-named student and reviewed the Pre-participation Physical Examination Form. The athlete does not present apparent clinical contraindications to practice and participate in sports. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians)

Physician's Signature: _____ **Date:** _____

Print Physician's Name and Address: _____