

## **SA Athletics | Physical Form**

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child regular physician where important preventive health information can be covered.  Directions for Athletes: Please review all questions with your parent or legal guardian and answer them to the best of you knowledge. Please assure that all questions are answered to the best of your knowledge. If you do not under or don't know the answer to a question please ask your doctor. Not disclosing accurate informat may put your child at risk during sports activity.  Directions for Physicians: Please carefully review these questions and clarify any positive or Don't Know answers with the athlete and/or parent.  Explain "Yes" answers below  1. Does the athlete have any chronic medical illnesses (diabetes, asthma (exercise asthma), kidney problems, etc.) List:  2. Is the athlete presently taking any medications or pills?  3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex?)  4. Does the athlete have any allergies (medicine, bees or other stinging insects, latex?)  5. Has the athlete ever had a heat injury (heat stroke) or sever muscle cramps with activities?  6. Has the athlete ever had a heat injury (heat stroke) or sever muscle cramps with activities?  7. Has the athlete ever fainted or passed out or nearly pricely with exercise, endoun, or startle?  8. Has the athlete ever fainted or passed out or nearly pricely with exercise, endoun, or startle?  9. Has the athlete had exerned failuge (been really tired) with exercise (different from other children?  10. Has the athlete ever had now the really tired) with exercise (different from other children?  11. Has the athlete ever had a keed injury (heat stroke) or sever muscle (different from other children?  12. Has a doctor ever told the athlete that he/she has a heart infection?  13. Has a doctor ever told the athlete that he/she has heart infection?  14. Has a doctor ever told the athlete that he/she has hea	Name:	DOB: Age: _		□ Ma	le □ Fema	ale
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death syndrome [SIDS], car accident, drowning)?	Family History					
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25. Does the athlete have a father, mother, or brother with sickle cell disease?						1
Elaborate on any positive (yes) answers:	Elaborate on any positive (yes	s) answers:				
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and is correct to the best of my knowledge. Furthermore,	I give consent for this examination and give permis	sion for my
child to participate in sports.		
Signature of Parent/Legal Guardian:	Date:	
Signature of Athlete:		
Phone Number:	<u> </u>	

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely

## Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant)

Athlete's Name			Age	Date of Birth	
Height	Weight	BP(_	%ile) Pulse		
Vision R 20/	L 20/	_ Corrected: □ Y □	N		
		These are required e	lements for all exa	ninations	
		NORMAL	ABNORMAL	ABNORMAL FINDINGS	
PULSES					
HEART					
LUNGS					
SKIN					
NECK/BACK					
SHOULDER					
KNEE					
ANKLE/FOOT					
Other Orthopedic Pro	blems				
	Optio	onal Examination Elemen	ts – Should be done	if history indicates	
HEENT					
ABDOMINAL					
GENITALIA (MALES)					
HERNIA (MALES)					
Clearance**: ☐ A. Cleared ☐ B. Cleared after com ☐ C. Not cleared for:	☐ Collision	☐ Contact			
Due to:	☐ Non-contact	Strenuous Mo	derately Strenuous	Non-strenuous	
Additional Recommen	dations/Rehab Instructi	ons:			
Name of Physician/Ext Signature of Physician/E	xtender:		MD	DO PA NP	
Date of Exam:				Physician Office Stamp	
Phone:					

<sup>\*\*</sup> The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of convulsions or concussions, absence of/or one kidney, eye, testicle or ovary, etc.) This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee March 2011, and the NCHSAA Board of Directors reviewed annually.