

School: _____
 Student Name: _____ Grade: _____ Date of Birth: _____

PHYSICAL EXAMINATION*

1. HT _____ WT _____ BP _____ P _____
 2. Musculoskeletal examination (Record laxity, weakness, instability, decreased ROM – if abnormal)

Normal	Abnormal		Description of abnormal findings
		A. Knee	
		B. Ankle	
		C. Shoulder	
		D. Other Joints	
		E. Alignment problems (e.g. leg length, Q angle)	
		F. Scoliosis	
		G. Feet	
		H. Estimate of strength	
		I. Estimate of flexibility	

3. Cardiovascular Examination:
 4. Other examination (if indicated by history):

ASSESSMENT (check one)

5. A. _____ No problems identified B. _____ Other

RECOMMENDATIONS (check one)

6. A. _____ Unlimited
 B. _____ Limited to specific sports: _____
 C. _____ Deferred until: _____
 (e.g. rehabilitation, recheck, consultation, laboratory tests, etc.)

REEXAMINE (check one)

7. A. _____ Yearly and after any injury that limits participation for longer than one (1) week
 B. _____ Other: _____

DATE OF LAST TETANUS BOOSTER (SHOULD BE WITHIN 10 YEARS) _____
 Immunizations Given _____

Physician Signature _____ Date of Exam _____

Physician Name (Printed) _____
 Phone Number _____

***The use of this form, and the results of this physical examination, are for the sole purpose of determining medical eligibility in Region 15 School sports programs and may not be used to determine medical eligibility for any other program.**

REGION 15 SPORTS PHYSICAL EXAMINATION
“Serving the Educational Needs of Middlebury and Southbury”

School: _____

Name: _____ Grade: _____ Date of Birth: _____

Athlete’s directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

YES	NO	
		1. Has anyone in the athlete’s family (grandmother, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50 years?
		2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness?
		3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
		4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
		5. Does the athlete have a history of a concussion (getting knocked out)?
		6. Has the athlete ever suffered a heat related illness (heat stroke)?
		7. Does the athlete have anything he or she wants to discuss with the physician?
		8. Does the athlete have a chronic illness or see a physician regularly for any medical/emotional issue?
		9. Does the athlete take any medicine?
		10. Is the athlete allergic to any medications or bee stings?
		11. Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries etc.)?
		12. Does the athlete wear glasses or contact lenses?
		13. Will the athlete wear orthodontic appliances during sports?
		14. Has the athlete ever been hospitalized or had surgery?

Explain any “YES” answers here:

I have answered and reviewed the questions above, and give permission for release of information on this form for confidential use in meeting my child’s health and educational needs in school.

Signature of Parent or Guardian: _____
 Date: _____

Note: The completed physical exam form must be in the school nurse’s office before a student may participate in any school sponsored clinic, try-out, or practice for inter-scholastic sports.