SACRED HEART CATHOLIC SCHOOL

ATHLETIC HEALTH EXAMINATION

Each student must have a physical examination before he or she begins practice for any sport.
Students may get a physical from a private physician or during annual physicals scheduled by the school.

Student name _____ Grade _____

PHYSICIAN'S HEALTH EXAMINATION

Blood pressure: _____ Pulse: _____

Height: _____ Weight: _____ BMI: _____

Vision: R _____ L _____ Hearing: R _____ L _____

MEDICAL		**MUSCULOSKELETAL**	
Appearance	_____	Neck	_____
EENT	_____	Back	_____
Lymph nodes	_____	Shoulder/arm	_____
Heart	_____	Elbow/Forearm	_____
Pulse	_____	Wrist/hand	_____
Lungs	_____	Hip/thigh	_____
Abdomen	_____	Knee	_____
Genitalia	_____	Leg/ankle	_____
Skin	_____	Foot	_____

PARTICIPATION CLEARANCE

_____Cleared for participation _____Restrictions _____Not cleared

Restrictions: _____

_____

_____

If not cleared, reason: _____

Recommendations: _____

_____

_____ _____

Physician Date

_____

Print name of Physician or stamp

SELF ADMINISTERED HEALTH EXAMINATION BY PARENT

Does any of the following pertain in any way to your child? (check appropriate spaces)

_____Presently under doctor supervision
_____Presently taking medication
_____Family w/ heart problems
_____Heart irregularities/murmurs
_____High blood pressure
_____Concussion/head injury
_____Been "knocked out"
_____Allergic to medicines
_____Allergic to insect stings
_____Allergic to any other
_____Heat stroke/exhaustion
_____Epilepsy
_____Seizures
_____Diabetes
_____Mononucleosis
_____Hypoglycemia
_____Sickle cell anemia
_____Scarlet fever
_____Pneumonia
_____Respiratory asthma
_____"Stingers/burners"
_____Pinched nerves
_____High cholesterol
_____Skin irritations/rashes
_____Fracture to any bone
_____Strained a muscle
_____Sprained a ligament
_____Dislocated a joint
_____Rheumatic fever
_____Swelling
_____Scoliosis
_____Surgery
_____Advised for surgery
_____Been hospitalized
_____Wear glasses/contacts
_____Eye related conditions
_____Frequent headaches
_____Frequent nose bleeds
_____Herniated/slipped disks
_____Only one of any paired organs
_____Use special equipment
_____Presently taking supplement

With exercise does any of the following pertain to your child: (check the appropriate spaces)

_____Dizzy
_____Passed out (unconscious)
_____Chest pains (before, during or after)
_____Shortness of breath
_____Skipped or racing heartbeat
_____Exercise-induced asthma
_____Tire quickly (faster than the others)
_____Cough

Has a physician ever denied your child's participation in any sport? (circle)	Yes	No
Has your child had his/her tetanus shot?	Yes	No
Has your child had his/her measles shot?	Yes	No
Are there any other medical conditions not listed above?	Yes	No

I hereby release that all information to this point is correct to the best of my knowledge.

_____ _____

Signature of parent or guardian Date