

Magnet Cove School District
Athletic Participation Physical Exam
2021-2022 School Year

Date: _____

Name: _____ Date of Birth: _____

Gender: Male or Female

Please review all questions below and answer them as truthfully as possible. It is important to include all pertinent information. Parents or guardians must sign below. Please give an explanation to all yes answers.

1. Has anyone in your family died suddenly before the age of 50?
2. Have you ever passed out or felt dizzy during exercise?
3. Do you have asthma or allergies?
4. Have you ever broken a bone, worn a cast, or injured a joint? (Such as ankle or knee)
5. Have you ever been knocked out? (Concussion)
6. Do you have a chronic illness or see a doctor regularly?
7. Do you take medication regularly?

Explain all yes answers

Parent/Guardian: I have answered truthfully to all questions and I give my child permission to undergo the pre-participation physical exam and to participate in sports.

Parent/Guardian Signature: _____ Date: _____

*****MEDICAL STAFF ONLY*****

Height: _____ Weight: _____

Blood Pressure: _____ Pulse: _____

Physician Only:

Normal (N) Abnormal (A)

_____ Skin: Color, Rash, Swelling, Hair, Nails:

_____ Eyes: Conjunctiva, Cornea, Pupils, Extraocular Movements

_____ Nose: Nares, Turbinate

_____ Mouth: Tongue, Teeth, Oral Mucosa, Tonsil, Pharynx

_____ Nodes: Cervical, Axillary, Inguinal, other

_____ Heart: Rate, Rhythm, S1, S2, Murmur, Femoral Pulses

_____ Lungs: Rate, Auscultation, Percussion

_____ Abdomen: Contour, Palpitation of liver, spleen, kidney, mass, tenderness

_____ Genito-Urinary: Female external, Male, Penis, Meatus, Testes, Hernia

_____ Musculoskeletal: Range of motion, tenderness, edema, clubbing, spine curvature

_____ Neurological: Gate, cerebellar function, motor system (strength tone), Cranial nerves (gross)

Comments:

_____ YES, student may participate in sports:

_____ NO, student needs to see family physician or specialist for release to participate in sports.

Provider's Signature: _____