

# Clinton School District #32

## ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

A physical examination is required for each student in order to be considered eligible for participation in a Clinton School athletic event. Physical examinations must be completed prior to the first practice. This examination must be certified by a physician, a physician assistant (PA), or a nurse practitioner (NP). This certification is valid for a period of one school year.

### QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please Print)

Name \_\_\_\_\_ Male Female Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Family Physician \_\_\_\_\_

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_

HEALTH HISTORY (Student Athlete or Parent/Guardian to fill out 1-33 before exam)  
(Parent/Guardian is required to sign on back of the form after examination)

- | Yes | No         | Has this Student Had Any?  | Yes | No  | Has this Student Had Any?             |
|-----|------------|--|-----|-----|---------------------------------------|
| 1.  | ___        | Chronic or recurrent illness?  | 14. | ___ | Asthma?                               |
| 2.  | ___        | Hospitalizations?  | 15. | ___ | Epilepsy?                             |
| 3.  | ___        | Surgery, other than tonsillectomy?   | 16. | ___ | Diabetes?                             |
| 4.  | ___        | Missing organs (eye, kidney, testicle)?  | 17. | ___ | Eyeglasses or contact lenses?         |
| 5.  | ___        | Allergy to medications?  | 18. | ___ | Dental braces, bridges, plates?       |
| 6.  | ___        | Problems with heart or blood pressure?   | 19. | ___ | <b>Is there a history of?</b>         |
| 7.  | ___        | Chest pain with exercise?  | 20. | ___ | Injuries requiring medical treatment? |
| 8.  | ___        | Dizziness or fainting with exercise?   | 21. | ___ | Neck injury?                          |
| 9.  | ___        | Frequent headaches, convulsions, dizziness, or fainting?   | 22. | ___ | Knee injury?                          |
| 10. | ___        | Concussion or unconsciousness?   | 23. | ___ | Knee surgery?                         |
| 11. | ___        | Heat exhaustion, heat stroke or other heat problems?   | 24. | ___ | Ankle injury?                         |
| 12. | ___        | Any illness lasting over a week?   | 25. | ___ | Other serious joint injury?           |
| 13. | ___        | Mononucleosis or anemia?   |     |     | Broken bones (fractures)?             |
|     | <b>Yes</b> | <b>No</b>  |     |     |                                       |
| 26. | ___        | <b>Further history:</b>  |     |     |                                       |
| 27. | ___        | Is there any history of family or genetic disease?   |     |     |                                       |
| 28. | ___        | Has any family member died suddenly at less than 40 years of age of causes other than an accident?         |     |     |                                       |
| 29. | ___        | Has any family member had a heart attack at less than 55 years of age?                                     |     |     |                                       |
| 30. | ___        | Are you uncomfortably short of breath after running 1/2 mile (2 times around the track) without stopping?  |     |     |                                       |
|     |            | List all medications you are presently taking and what condition the medication is for.                    |     |     |                                       |
|     |            | A.   |     |     |                                       |
|     |            | B.   |     |     |                                       |
| 31. |            | What is the most and the least you have weighed in the past year? Most _____ Least _____                   |     |     |                                       |
| 32. |            | Have you had a medical problem/injury since your last physical where you missed 3 or more practices? _____ |     |     |                                       |
| 33. |            | Do you have any questions you would like to ask the Doctor? _____  |     |     |                                       |

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_

### FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? \_\_\_\_\_
2. In the past year, what is the longest time you have gone between menstrual periods? \_\_\_\_\_
3. Have you had any bladder/kidney infections in the past year? \_\_\_\_\_



Use this space to explain any of the above numbered YES answers or to provide any additional information:

---

---

---

---

**PHYSICAL EXAMINATION RECORD** (To be filled out by licensed professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hemoglobin (optional) \_\_\_\_\_ UA (optional) \_\_\_\_\_

	Normal	Abnormal Findings	Initials
1. Eyes L /20 R /20 Pupils			
2. Ears, Nose & Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitals - Hernia			
10. Musculoskeletal; ROM, Strength, Etc.			
11. Neurological			
12. Tanner stage I II III IV V			

Comments regarding Abnormal Findings/Recommendations: \_\_\_\_\_

**Participation Recommendations:**

\_\_\_\_\_ Full and Unlimited Participation

\_\_\_\_\_ Limited Participation - May not participate in the following (checked):

\_\_\_\_\_ Basketball \_\_\_\_\_ Cross Country \_\_\_\_\_ Football \_\_\_\_\_ Golf \_\_\_\_\_ Soccer  
 \_\_\_\_\_ Swimming \_\_\_\_\_ Tennis \_\_\_\_\_ Track \_\_\_\_\_ Volleyball \_\_\_\_\_ Wrestling \_\_\_\_\_ Other

\_\_\_\_\_ Clearance Pending Documented follow-up of \_\_\_\_\_

\_\_\_\_\_ No Athletic Participation

\_\_\_\_\_  
 Licensed Professional's Name (Printed)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Phone

**Parent's or Guardian's Permission and Release**

I hereby give my consent for the above student to engage in approved athletic activities as a representative of Clinton School, except those indicated above by the licensed professional. I also give my permission for qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

\_\_\_\_\_  
 Typed or Printed Name of Parent or Guardian

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Insurance (Company Name)