

Solanco Cheerleading Assoc.
Physical Form

TO BE COMPLETED BY PARENT:

Physical date / time _____

Name: _____ Birth date: _____ Age: _____

Address: _____

Parent's Name(s): _____ Telephone: _____

Family Doctor: _____

| <u>Past Medical History:</u> | <u>Yes</u> | <u>No</u> | <u>Review of Systems:</u> Please check if there are any problems with any of the following areas of your body: | |
|---|------------|-----------|--|-------------------------------|
| 1. Presently taking medication | ___ | ___ | ___ Skin | ___ Abdomen |
| 2. Allergic to medicine, foods, etc. | ___ | ___ | ___ Head | ___ Back |
| 3. Wears glasses, contact lenses, hearing aid, dentures | ___ | ___ | ___ Eyes | ___ Urination, bowel problems |
| 4. History of braces, chipped teeth, bridges | ___ | ___ | ___ Ears | ___ Genital |
| 5. Has ongoing medical problem | ___ | ___ | ___ Nose | ___ Shoulders, arms, hands |
| 6. Had serious or significant illness in past | ___ | ___ | ___ Mouth/throat | ___ Hips, legs, feet |
| 7. Any past surgical operations | ___ | ___ | ___ Neck | ___ Muscle strength, feeling |
| 8. Any past injuries, accidents requiring medical help | ___ | ___ | ___ Lungs | ___ Mental problems |
| 9. Any past injuries directly related to sports | ___ | ___ | ___ Heart | |
| 10. Any hospitalization not explained above | ___ | ___ | | |
| 11. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.) | ___ | ___ | | |
| 12. Any serious family illness (such as diabetes, bleeding disorders, heart attack before age 50, etc.) | ___ | ___ | | |

*Date of last tetanus shot: _____

If yes to any of the above, please explain (what/where/when): _____

I certify that the above information is correct to the best of my knowledge: _____
Parent Signature

Height _____ Weight _____ Blood Pressure _____

| Visual Acuity: Eyes: (R) 20/____ | (L) 20/____ | Without glasses _____ | With glasses _____ |
|----------------------------------|-------------------|-----------------------------|--------------------|
| NORMAL | ABNORMAL FINDINGS | NORMAL | ABNORMAL FINDINGS |
| 1. General | _____ | 5. Heart | _____ |
| 2. HEENT-neck | _____ | 6. Abdomen | _____ |
| 3. Skin | _____ | 7. Genitalia (incl. Hernia) | _____ |
| 4. Lungs | _____ | 8. Orthopedic | _____ |

Recommendations/Comments: _____

Date of Examination: _____ Physicians Signature: _____