

# Physical Examination For Sports Participation

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication(s): \_\_\_\_\_

*This young person is going to enter a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted:*



DATE OF EXAM: \_\_\_\_\_

ITEM Specially Note	AGE	ITEM Specially Note	HT: Pulse:	WT: B/P:
SKIN Acne- Herpes-Ath. Foot		ABDOMEN Organomegaly		
MOUTH Caries-Prosthesis		GENITALIA (MALES) Lesions-Testes-Hernia		
EYES - EARS Pupils/Perf.-Dischrg		MUSCULOSKELETAL SCREEN See Guidelines:		
LUNGS Air Entry - Wheezing		TANNER MATURITY Circle one: 1 2 3 4 5		
HEART Murmur-Rhythm-Size		OTHER OBSERVATIONS		
RECOMMENDATIONS CHECK ONE AND SIGN	<input type="checkbox"/> FULL PARTICIPATION APPROVED <input type="checkbox"/> LIMITED: _____			



PHYSICIAN'S SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

## PERIODIC MEDICAL HISTORY UPDATE

DATE \_\_\_\_\_ NOTES:

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