

**LINCOLN CONSOLIDATED SCHOOLS
PRE-PARTICIPATION SPORTS PHYSICAL EXAMINATION**

PLEASE PRINT IN BLACK INK

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Physicians: Please complete all the information below:

Height: ___' ___" Weight ___ lbs. Vision: (R) 20/___ (L) 20/___ (B) 20/___
 Vision Reference Range: Is corrected or uncorrected vision better than 20/50 with both eyes? Yes No
 Corrected Yes No (circle one)

BP*: ___/___ *BP Reference Range: 10-12 y/o, >125/80 13-15 y/o, > 135/85 16-18 y/o, 140/90

Cardiopulmonary

<u>Examination:</u>	<u>Normal</u>	<u>Abnormal</u>	<u>Explain</u>
Lungs	_____	_____	_____
Pulses	_____	_____	_____
Heart	_____	_____	_____

Musculoskeletal

<u>Screening:</u>	<u>Normal</u>	<u>Abnormal</u>	<u>Explain</u>
Neck	_____	_____	_____
Shoulder	_____	_____	_____
Elbow	_____	_____	_____
Wrist	_____	_____	_____
Hand	_____	_____	_____
Back	_____	_____	_____
Knee	_____	_____	_____
Ankle	_____	_____	_____
Foot	_____	_____	_____

Other: (Physical examination pertinent to historical information) _____

Specifically list any problems, illnesses, and injuries over the past year. _____

Recommendation:

- _____ 1. Pass. I certify that I have reviewed the history and examined the above student as being able to compete in supervised athletic activities.
- _____ 2. Pass with restrictions: _____
- _____ 3. Deferred until: _____
- _____ 4. Failed, reason: _____

Physician Signature: _____ Date: _____

(Physical examination for the 2003-04 school year must be dated on or after April 15, 2003.)

Stamp or printed name of physician: _____

LINCOLN CONSOLIDATED SCHOOL PRE-PARTICIPATION SPORTS PHYSICAL EVALUATION

PLEASE PRINT IN BLACK INK

Student's Last Name: _____ First Name: _____ Middle Initial: ____

Address: _____ City: _____ Zip: _____

Student's Home Phone: (____) _____ (circle one) - Middle / High School

Age: ____ **Grade in Fall of 2003**: ____ Date of Birth: ____/____/____ (circle one) Male/Female

Circle the sports you may play: Baseball Basketball Cheerleading Cross-Country Football Golf Gymnastics Soccer
Softball Swimming/Diving Tennis Track Volleyball Wrestling Hockey Water Polo Other: _____

INSTRUCTIONS: Please review all of the questions below and answer them as truthfully as possible. It is important to include all pertinent information.

	Yes	No	Explain
1. Has anyone in your family died suddenly before the age of 50?	____	____	_____
2. Have you ever pass-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 have only one of any normally paired organs? (such as eyes, kidneys, etc.)	____	____	_____
8. Do you consider your current weight ideal? If no, what is your ideal weight? _____ lbs.	____	____	_____
9. Do you take any medications regularly?	____	____	Please list: _____

I have reviewed the above questions with my son or daughter and I give permission for my child to undergo the Pre-Participation Physical Examination and to participate in sports. One parent/guardian **must** sign below.

Father/Guardian Signature: _____ Date: _____

Father Printed name: _____ Home Phone: (____) _____

Father - Work: (____) _____ Other: (____) _____

Mother/Guardian Signature: _____ Date: _____

Mother Printed name: _____ Home Phone: (____) _____

Mother - Work: (____) _____ Other: (____) _____

EMERGENCY CONTACTS (other than parent/guardian)	HEALTH INSURANCE INFORMATION
	Primary:
Print name:	Secondary:
Phone at work:	Hospital Preference if injured in the area
Phone at home:	Saline Hospital
Other number: (pager, etc.)	St. Joseph Mercy Hospital
	U of M
	Other facility:
	Personal Physician:
	Physician phone number:

FOR WOMEN ONLY:

1. How old were you when you had your first period? ____ years old

2. Do you have regular periods? _____

3. How many periods did you have during the last 12 months? ____ number of periods