SPORTS QUALIFYING SCREENING EVALUATION

Student Name _____
Address _____
Telephone_____ Age_____
Date Of Birth _____ Male_____ Female _____
Grade _____ School _____

Personal Physician _____
Address:_____
_____
Telephone _____

Please complete prior to examination

HISTORY

		Yes	No
1.	Have you ever fainted?	___	___
	During exercise?		
	Have you had chest pains during Exercise ?	___	___
2.	Family History of sudden death?	___	___
	Before age 35?	___	___
	Before age 50?	___	__
3.	Have you ever had a concussion, loss of consciousness, or head injury?	___	___
	If yes, how many? _____		
4.	Have you ever had heat stroke Or heat exhaustion?		
5.	Do you wheeze or cough during or after exercise?	___	__
	Do you have any history of asthma?	___	___
6.	Do you have any allergies? (medications, pollens, etc)	___	___
7.	Any sports related injuries since last exam?	___	___
	If yes, list injuries _____		
8.	Have you been ill in the last month?	___	___
9.	Do you take any medication? (Include vitamins & non-prescription Drugs)	___	___
10.	Have you ever been hospitalized?	___	___
	Have you ever had surgery?	___	___
	If yes, explain _____		
11.	If female, last menstrual period: _____		
12.	In the last year, what was your:		
	Lowest weight _____		
	Highest weight _____		
	What do you think is your ideal weight? _____		
13.	Immunizations:		
	Last Tetanus _____		
	Last MMR (measles, mumps, rubella) _____		

14. Circle any of the following you have had:

Abdominal bleeding/bruising	Anemia
Broken bones/stress fracture	Diabetes
Dislocation (Shoulder, etc)	Hearing Impairment
Heart murmur/palpitations	Hepatitis/jaundice
High blood pressure	Loss of eyesight
Rheumatic Fever	Scoliosis
Seizures	Sickle Cell disease
Single organs(kidney, eye, etc)	Undescended testicle
Other_____	

15. Do you use seat belts on a regular basis? ___ ___

EXAMINATION
HT_____ WT_____ BP___/___

	Yes	No
Glasses	_____	_____
Contact Lenses	_____	_____
Eye Protection	_____	_____

MEDICAL EXAM	Normal	Abnormal	Comments
HEENT			
Fundoscopic Exam	_____	_____	_____
Ears	_____	_____	_____
Mouth	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyrooid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia	_____	_____	_____
Hernia	_____	_____	_____

MATURATION INDEX (approx. maturation age) optional
Girls: 12 ½ (chronological age – age at menarche) = _____
Boys: (estimate): 11 + Tanner Stage = _____
Labs if indicaed _____

MUSCULOSKELETAL

	Normal	Abnormal		Normal	Abnormal
Neck	_____	_____	Quad/Hamstring	_____	_____
Shoulder	_____	_____	Ankle/Feet	_____	_____
Elbow	_____	_____	Back/Spine	_____	_____
Hands	_____	_____	Toe/Heel Walk	_____	_____
Wrist	_____	_____	Duck Walk	_____	_____
Knees	_____	_____			

Comments
_____
_____
_____

I herewith certify that _____has been
(student)
Evaluated in the following areas as indicated below to be physically fit to participate in school /interscholastic activities.

Medical History	Y/N	_____ (name)
Medical Exam	Normal/Abnormal	_____ (name)
Muculoskeletal	Normal/Abnormal	_____(name)

	Cleared for	Not Cleared for
Collision Sports	_____	_____
Contact Sports	_____	_____
Noncontact Sports	_____	_____

Attending Physician's Signature(MD or DO)_____
Print Name _____ Date_____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

Parent Signature _____
(Parent or LegalGuardian)

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Date_____