Sports Physical
(To Be Completed By Physician)

Patient's Name____

BP_________ **WT**_________ **HT**__________ **Vision**____________

MUSCULOSKELETAL EXAM (Record laxity, weakness, instability, decreased ROM – if abnormal)

Normal	Abnormal	
☐	☐	A. KNEE ____
☐	☐	B. ANKLE____
☐	☐	C. SHOULDER ____
☐	☐	D. OTHER JOINTS _____________________________________
☐	☐	E. ALIGNMENT PROBLEMS_______________________________
☐	☐	F. SCOLIOSIS____
☐	☐	G. FEET____
☐	☐	H. ESTIMATE OF STRENGTH_____________________________
☐	☐	I. ESTIMATE OF FLEXIBILITY____________________________

CARDIOVASULAR EXAM
☐ NORMAL ☐ ABNORMAL

ASSESMENT
☐ NO PROBLEMS IDENTIFIED ☐ OTHER

RECCOMENDATIONS
☐ UNLIMITED ☐ LIMITED TO SPECIFIC SPORTS
☐ DEFERRED UNTIL: (e.g., rehab, recheck, consultation, lab, etc.)

RE-EXAMINE
☐ YEARLY AND AFTER ANY INJURY THAT LIMITS PARTICIPATION FOR MORE THAN ONE WEEK.
☐ OTHER____

I CERTIFY THAT I HAVE EXAMINED THE ABOVE PATIENT, IN WHICH THE EXAMINATION REVEALED (**A. CONDITIONS B. NO CONDITIONS**) THAT WOULD PREVENT THIS STUDENT FROM PARTICIPATING IN INTERSCHOLASTIC SPORTS.

LICENSED TO PARTICIPATE IN N.C? ☐ YES ☐ NO

SIGNATURE_________________________________ PHONE #______________________________

ADDRESS____ DATE____________________

IF STUDENT IS NOT QUALIFIED, PLEASE LIST REASONS FOR DISQUALIFICATION: _______________________
____

SPORTS PREPARTICIPATION HISTORY FORM

FORM CURRENTLY RECOMMENDED BY NCMS SPORTS MEDICINE COMMITTEE (7/93)

Patient's Name: ____ Age: _______________________

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Physician's Directions: We recommend repeating the thirteen questions listed below and carefully reviewing details of any positive answers.

Yes	No	Don't Know	Question
			1. Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister), died suddenly before the age of 50?
			2a. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2b. Have you ever been told you have a heart murmur or heart problems?
			3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4. Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			5. Does the athlete have a history of concussions (getting knocked out)?
			6. Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			7. Does the athlete have anything he/she wants to talk to the doctor about?
			8. Does the athlete have a chronic illness, or see a doctor regularly for any particular problem?
			9. Does the athlete take any medicine?
			10. Is the athlete allergic to any medications or bee stings?
			11. Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)?
			12. Do you wear contacts or eye glasses?
			13. Date of last tetanus booster. DATE:

Elaborate on any positive answers:

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of Parent or Guardian: ____

Date: _________________________ Phone#: __________________________________