

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: _____

RECOMMENDATION:

CHECK ONE AND SIGN: () FULL PARTICIPATION APPROVAL

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		

() LIMITED: _____

RECOMMENDATIONS

PHYSICIAN'S
SIGNATURE: _____

TODAY'S
DATE: _____

PERIODIC MEDICAL HISTORY UPDATE

DATE

NOTES:
