

PARTICIPATION HISTORY AND PHYSICAL EXAMINATION FOR SECONDARY SCHOOLS

HEALTH HISTORY

NAME _____ BIRTHDATE _____ GRADE _____ HEIGHT _____ WEIGHT _____
 ADDRESS _____ TELEPHONE _____
 PARENT/GUARDIAN _____ FAMILY PHYSICIAN _____ VISUAL ACUITY: Left 20/ _____ Right 20/ _____

PHYSICAL EXAMINATION

Yes	No	NORMAL	ABNORMAL
_____	_____	() Head	()
_____	_____	() Eyes (Pupils), ENT	()
_____	_____	() Teeth	()
_____	_____	() Chest	()
_____	_____	() Lungs	()
_____	_____	() Heart	()
_____	_____	() Abdomen	()
_____	_____	() Genitalia	()
_____	_____	() Neurological	()
_____	_____	() Skin	()
_____	_____	() Physical Maturity	()
_____	_____	() Spine, Back	()
_____	_____	() Upper Extremities	()
_____	_____	() Lower Extremities	()
_____	_____	() Urinalysis	()

RECOMMENDATION:

() No contraindication to full participation
 () Has the following limitations, but may participate
 () Cannot participate for the following reasons:

Wrestling: Minimum weight _____
 I certify that I have examined this child and find him/her physically able to compete in supervised interscholastic activities **NOT CROSSED OUT BELOW:**
 BASEBALL BASKETBALL CHEERLEADING
 CROSS COUNTRY DANCE FOOTBALL SOCCER
 SOFTBALL TRACK VOLLEYBALL WRESTLING
 OTHER _____

Any chronic or recurrent illnesses?
 Any illness lasting more than a week?
 Any hospitalization?
 Any surgery other than tonsillectomy?
 Any injuries requiring treatment by a physician?
 Presently taking any medication?
 Any problem with blood pressure or heart?
 Any dizziness, fainting, convulsions or frequent headaches?
 Have you ever "passed out" or been "knocked out"?
 Wear eyeglasses or contact lenses?
 Wear any dental appliance such as braces, bridge or plate?
 Allergic to ANY medication (aspirin, penicillin, etc)?
 Any knee injury?
 Any ankle injury?
 Any history of neck injury?
 Any other joint sprains or dislocations (shoulder, wrist, finger, etc)?
 Any broken bones (fractures)?
 Any organs missing other than tonsils?
 Any heat exhaustion or heat stroke?
 Any reasons why this applicant should not participate in sports?
 Any menstrual problems?
 Do you have to stop while running twice around a 1/4 mile track?
 Have any close relatives of yours had a "heart attack" or heart problem" under the age of 50?

PARENTAL PERMISSION: I give permission for the above named child to participate in the sports approved by the Examiner under the auspices of the Granite Falls Schools and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

PARENT/GUARDIAN _____ DATE _____
 EXAMINERS SIGNATURE _____ EXAMINERS NAME (Print) _____