

TRINITY CHRISTIAN ACADEMY

BOYS AND GIRLS ATHLETIC PREPARTICIPATION PHYSICAL EVALUATION FORM

As a minimum requirement, a medical history and physical exam must be completed annually prior to athletic competition. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event. This form must be on file prior to participation in any practice, scrimmage or contest before, during or after school.

I. DEMOGRAPHIC INFORMATION

Student's Name: _____ Sex: M F Date of Birth: _____

Address: _____ Phone: _____

Personal Physician: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

II. PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY

- | | | |
|--|-----|----|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | Yes | No |
| 2. Do you have asthma, seizures or any other medical problems? | Yes | No |
| 3. Are you currently taking any prescription medication or using an inhaler? | Yes | No |
| 4. Have you ever been hospitalized or had surgery? | Yes | No |
| 5. Are you missing any paired organs? | Yes | No |
| 6. Have you ever passed out or had chest pain during or after exercise? | Yes | No |
| 7. Have you ever had a concussion or head injury? | Yes | No |
| 8. Have you ever had a sprain, strain, fractured bones or dislocated joints? | Yes | No |
| 9. Do you have any allergies? (To pollen, food, medicine, stinging insects) | Yes | No |
| 10. Have you had any problems with your eyes or vision? | Yes | No |
| 11. Have you ever been told you have a heart murmur? | Yes | No |
| 12. Has any family member been diagnosed with heart disease at a young age? | Yes | No |
| 13. Has a physician ever restricted your participation in sports? | Yes | No |
| 14. Do you use any special protective or corrective equipment or devices? | Yes | No |

Please explain any "Yes" answers below:

Even though protective equipment is worn by the athlete, whenever needed, the possibility of accident or injury still remains. The school assumes no responsibility if accident or injury occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Student signature: _____ Parent/Guardian Signature: _____ Date: _____

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III. PREPARTICIPATION PHYSICAL EVALUATION - PHYSICAL EXAMINATION

Student's Name: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Vision: Right 20/_____ Left 20/_____ Corrected?: Yes No

MEDICAL	NORMAL	ABNORMAL FINDINGS
General Build/Appearance		
Eyes/Ears/Nose/Throat		
Lungs		
Heart/Chest		
Abdomen		
Neurological		
Skin		
Scoliosis		
Genitalia (males only)		
MUSCULOSKELETAL		
Neck/Back		
Shoulder/Elbow/Wrist/Hand		
Hip/Knee/Ankle/Feet		

IV. PREPARTICIPATION PHYSICAL EVALUATION - CLEARANCE

- Cleared for athletic participation
- Cleared for athletic participation after completing evaluation/rehabilitation for:

- Not Cleared. Reason and recommendations:

The following information must be filled in and signed by a Physician. I certify that I have examined the above student and made the clearance recommendation as noted above.

Physician Name: _____ Date of Examination: _____

Address: _____ Phone: _____

Physician Signature: _____