

**Magnet Cove School District
Athletic Participation Physical Exam
2019-2020**

Date: _____

Name: _____ **Date of Birth:** _____

Gender: MALE or FEMALE
(Circle One)

Please review all questions below and answer them as truthfully as possible. It is important to include all pertinent information. Parents or guardians must sign below. **Yes answers require an- Explanation**

1. Has anyone in your family died suddenly before the age of 50?
2. Have you ever passed out or felt dizzy during exercise?
3. Do you have asthma or allergies?
4. Have you ever broken a bone, worn a cast, or injured a joint? (Such as, an ankle or knee)
5. Have you ever been knocked-out (concussion)?
6. Do you have a chronic illness or see a doctor regularly?
9. Do you take medication regularly?

Explain:

I have reviewed the above questions with my son or daughter and I give permission for my child to undergo the Pre-participation Physical Examination and to participate in sports.

Parent/Guardian Signature: _____ **Date:** _____

Nurse Only:

Height: _____

Weight: _____

Blood Pressure: _____

Pulse: _____

Physician Only: **Normal (N)** **Abnormal (A)**

Skin: Color, Rash, Swelling, Hair Nails: _____

Eyes: Conjunctiva, Cornea, Pupils, Extraocular Movement: _____

Nose: Nares, Tubinates: _____

Mouth: Tongue, Teeth, Oral Mucosa, Tonsil, Pharynx: _____

Nodes: Cervical, Axillary, Inguinal, Other: _____

Heart: Rate, Rhythm, S1, S2, Murmur, Femoral Pulses: _____

Lungs: Rate, Auscultation, Percussion: _____

Abdomen: Contour, Palpation of Liver, Spleen, Kidney, Mass, Tenderness: _____

Genito-Urinary: Female, External, Male, Penis, Meatus, Testes, Hernia: _____

Musculoskeletal: Range of Motion, Tenderness, Edema, Clubbing, Spine (Curvature): _____

Neurological: Gait, Cerebellar function, Motor System: (Strength, Tone), Cranial Nerves (Gross): _____

Comments:

Provider's Signature: _____

