

# WHATCOM COUNTY SPORTS PHYSICAL EXAM

(Required prior to participation in Middle & High Schools - PARENTS MUST REVIEW & SIGN)

- Pre-Participation  
 Returning

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_ Exam Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Sport (s) \_\_\_\_\_

In case of emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

## MEDICAL HISTORY

- Yes/No (to be completed by student & parents/guardians)
- Y N 1. Have you had any illness/injury recently or now?
  - Y N 2. Have you had a medical problem, illness or injury since your last exam?
  - Y N 3. Do you have any chronic or recurrent illness?
  - Y N 4. Have you ever had an illness lasting more than a week?
  - Y N 5. Have you ever been hospitalized overnight?
  - Y N 6. Have you had any surgery?
  - Y N 7. Have you ever had any injuries requiring treatment by a physician?
  - Y N 8. Do you have any organs missing? (appendix, eye, kidney, testicle, etc.)
  - Y N 9. Are you presently taking any medications? (including vitamins, aspirin)
  - Y N 10. Do you have any allergies? (medicine, bees, foods)
  - Y N 11. Have you ever had chest pain, dizziness, fainting, or passing out during or after exercise?
  - Y N 12. Do you tire more easily or quickly than your friends during exercise?
  - Y N 13. Have you ever had any problem with your blood pressure or your heart?
  - Y N 14. Have any close relatives had heart problems, heart attacks, or sudden death before they were age 50?
  - Y N 15. Do you have any skin problems? (acne, itching, rashes, etc.)
  - Y N 16. Have you ever had fainting, convulsions, seizures or severe dizziness?
  - Y N 17. Do you have frequent severe headaches?
  - Y N 18. Have you ever had a "stinger" or "burner" or "pinched nerve"?
  - Y N 19. Have you ever been "knocked out" or "passed out"?
  - Y N 20. Have you ever had a neck or head injury?
  - Y N 21. Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
  - Y N 22. Do you have asthma, trouble breathing, or cough during or after exercise?
  - Y N 23. Do you wear eyeglasses, contact lenses, or protective eyewear?
  - Y N 24. Have you had any problem with your eyes or vision?
  - Y N 25. Do you wear any dental appliance? (braces, bridge, plate, retainer)
  - Y N 26. Have you ever had a knee or ankle injury?
  - Y N 27. Have you ever injured any other joint? (shoulder, wrist, fingers, etc.)
  - Y N 28. Have you ever had a broken bone? (fracture)
  - Y N 29. Have you ever had a cast, splint, or had to use crutches?
  - Y N 30. Must you use special equipment for competition? (braces, etc.)
  - Y N 31. Has it been more than eight years since your last tetanus booster shot?
  - Y N 32. Are you worried about your weight?
  - Y N 33. Have you any medical concerns about participating in your sport?
  - Y N 34. Are you taking any pills or drugs to increase your strength or performance?
  - Y N 35. FEMALES: Have you any menstrual problems?

## PHYSICAL

(to be completed by doctor)

Age \_\_\_\_\_ Height \_\_\_\_\_  
 Weight \_\_\_\_\_ BP \_\_\_\_\_  
 Pulse \_\_\_\_\_  
 Vision R \_\_\_\_ / \_\_\_\_ L \_\_\_\_ / \_\_\_\_

## MEDICAL

Normal/Abnormal	Findings
N A	Appearance _____
N A	Eyes _____
N A	Ears _____
N A	Nose _____
N A	Throat _____
N A	Heart _____
N A	Lymph Nodes _____
N A	Pulses _____
N A	Lungs _____
N A	Abdomen _____
N A	Genitalia (males only) _____
N A	Skin _____

## MUSCULOSKELETAL

N A Neck \_\_\_\_\_  
 N A Back \_\_\_\_\_  
 N A Shoulder/Arm \_\_\_\_\_  
 N A Elbow/Forearm \_\_\_\_\_  
 N A Wrist/Hand \_\_\_\_\_  
 N A Hip/Thigh \_\_\_\_\_  
 N A Knee \_\_\_\_\_  
 N A Leg/Ankle \_\_\_\_\_  
 N A Foot \_\_\_\_\_

## ASSESSMENT

- Full Participation  Limited Participation

Describe limitations, restrictions \_\_\_\_\_  
 \_\_\_\_\_  
 Participation contraindicated (list reasons) \_\_\_\_\_  
 \_\_\_\_\_  
 Recommendations (equipment, taping, rehabilitation, \_\_\_\_\_)  
 \_\_\_\_\_

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Examiner's Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Phone \_\_\_\_\_ Date \_\_\_\_\_

I attest, by my signature below, that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_