

ROCKBRIDGE ACADEMY

Health History and Physical Examination Form for Interscholastic Sports

Name: _____ Age: _____ Date of birth: _____
Address: _____
Phone: _____ Email: _____
Personal physician: _____
Contact person: _____ Relationship: _____ Phone: _____

Please answer the questions below **PRIOR TO EXAMINATION** by physician.
Explain "YES" answers in the space below.

HEALTH HISTORY

- | | | |
|---|---|---|
| 1. Do you have an ongoing or chronic illness (asthma)? | Y | N |
| 2. Are you currently taking any medications or using an inhaler? | Y | N |
| 3. Do you have any severe allergies (bee stings or medicine)? | Y | N |
| 4. Have you ever been dizzy during exercise? | Y | N |
| 5. Have you ever passed out during exercise? | Y | N |
| 6. Have you ever had chest pain during or after exercise? | Y | N |
| 7. Have you had a seizure, concussion or been unconscious for any reason in the last year? | Y | N |
| Has any family member died suddenly or had a heart attack before age 50? | Y | N |
| 8. Have you ever had a sprain, fracture, or dislocation of a muscle, tendon, bone or joint? | Y | N |

PLEASE EXPLAIN "YES" ANSWERS (by numbers)

Physical Examination

Name: (First) _____ (Last) _____

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

	NORMAL	ABNORMAL FINDINGS
MEDICAL		
Appearance		
Eyes/ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

- Cleared for all activities
- Not cleared for: _____

Reasons: _____

I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM.

Name of physician: (Print) _____ Date: _____

Address: _____ Phone: _____

Signature of physician: _____, MD, DO, DC, or RPA