



# NORTHWEST CHRISTIAN SCHOOLS ATHLETIC PHYSICAL FORM

NAME \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 Parent's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Health Care Provider \_\_\_\_\_ Health Care Phone \_\_\_\_\_  
 Sports \_\_\_\_\_ Preferred Hospital \_\_\_\_\_  
 Notify in Emergency \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Alternate Emergency Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Medications (taken regularly) _____ _____ Last tetanus shot _____ (year)	Allergies Medicine <input type="checkbox"/> (specify _____) Bee sting <input type="checkbox"/>
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### History

Explain "Yes" answers below:

	Yes	No
1. Have you had any medical problem or injury since your last evaluation?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been in the hospital or had an operation? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been dizzy or passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had chest pain during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had high blood pressure, a heart murmur or irregular heartbeats? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Has anyone in your family died of heart problems or a sudden death before age 50 .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been knocked out or unconscious, had a head injury, or a seizure? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a "stinger," "burner," or pinched nerve? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had muscle cramps, heat exhaustion or heat stroke? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had asthma, diabetes, mono, or other medical problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you missing an eye, kidney or testicle? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you use any special equipment (pads, braces, neck rolls, mouth guards, etc.)? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone? .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> neck <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> hand		
<input type="checkbox"/> thigh <input type="checkbox"/> knee <input type="checkbox"/> shin/calf <input type="checkbox"/> ankle <input type="checkbox"/> hip <input type="checkbox"/> foot		
15. Are you satisfied with your weight? .....	<input type="checkbox"/>	<input type="checkbox"/>
16. At what age was your first menstrual period? _____ Do you have at least 8 periods a year? .....	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers: \_\_\_\_\_

### Parent/Guardian: Please read and sign

I hereby state that, to the best of my knowledge, the answers to the above questions are correct. I approve of my child's participation in athletics at NWC Schools, Inc., athletic programs, and I will assume all financial responsibilities not covered by any school insurance I purchase for injuries received while he / she is training for or playing in athletic games. I also give permission for my child to receive a physical examination. I give my permission for my son / daughter to travel as required as a member of the team(s) of which he / she is a member. I give permission for emergency treatment of an injury by any physician designated by a school official.

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

## PHYSICAL EXAMINATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y N

	Normal	Abnormal Findings	Initials
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles / hernia			
Musculoskeletal			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee		R MCL R ACL L MCL L ACL	
Ankle		R ANT DRAWER L ANT DRAWER	
Foot			

- No restriction for sports participation
- Clearance withheld pending attached verification of rehabilitation / evaluation for: \_\_\_\_\_
- \_\_\_\_\_
- Limited participation. Not cleared for the following types of sports: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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