

REGIONAL SCHOOL DISTRICT #14 ATHLETIC EXAMINATION

SPORT: _____ DATE OF EXAM _____

NAME _____ BIRTH DATE _____ GRADE _____

HEIGHT _____ Zile _____ WEIGHT _____ Zile _____ PULSE _____ B.P. _____

MEDICAL SEIZURES _____ PAINTING SPELLS _____ HISTORY OF HEART MURMUR _____

HISTORY: ALLERGIC CONDITIONS _____ WEARS GLASSES _____ CONTACTS _____

OTHER _____

SURGICAL HISTORY: _____

ANY PREVIOUS SPORTS PARTICIPATION? _____

ANY SPORTS RELATED INJURIES? _____

ANY ANKLE, KNEE, SHOULDER, NECK OR BACK PROBLEMS? _____

ANY PRESCRIBED LIMITATIONS ON EXERTION OR EXERCISE? _____

PHYSICAL TOLERANCE TEST:

CAN STUDENT PERFORM 30 JUMPING JACKS IN 1 MINUTE? YES _____ NO _____

PULSE RATE AFTER SAME _____ RESP. RATE AFTER SAME _____

EYES _____ ARE PUPILS UNEQUAL? YES _____ NO _____

LUNGS _____

HEART _____ IS THERE A MURMUR? YES _____ NO _____

ABDOMEN _____ ORGAN ENLARGEMENT? YES _____ NO _____

BACK AND SPINE _____ ANY SCOLIOSIS PRESENT? YES _____ NO _____

JOINTS _____ ANY LIGAMENTOUS LAXITY
OF KNEES OR ANKLES? YES _____ NO _____

EXTREMITIES _____ BOYS - HERNIA YES _____ NO _____

COMMENTS: _____

IS STUDENT AT ANY INCREASED RISK OF INJURY
FROM PARTICIPATION IN COMPETITIVE SPORTS? YES _____ NO _____

IN PHYSICAL EDUCATION PROGRAM? YES _____ NO _____

IS STUDENT SUBJECT TO ANY LIMITATIONS OR PRECAUTIONS? YES _____ NO _____

RECOMMENDATIONS: _____

SIGNATURE OF PHYSICIAN