



Sound Christian Academy

Physical History & Examination Form

Name: _____ Birth Date: _____ Exam Date: _____
Last First

Address: _____ City: _____ ZIP: _____

History – Please circle YES or NO

- 1 **Y N** Have you had any illness/injury recently, or do you have illness/injury now?
 - a. **Y N** Have you had a medical problem, illness or injury since your last exam?
 - b. **Y N** Do you have a chronic or recurrent illness?
 - c. **Y N** Have you ever had any illness lasting more than a week?
 - d. **Y N** Have you ever been hospitalized overnight?
 - e. **Y N** Have you had any surgery other than tonsillectomy?
 - f. **Y N** Have you ever had any injuries requiring treatment by a physician?
 - g. **Y N** Do you have any organ missing other than tonsils? (appendix, eye, kidney, etc.)?
- 2 **Y N** Are you presently taking ANY medications (including birth control pills, vitamins, aspirin, etc.)?
- 3 **Y N** Do you have ANY allergies (medicines, bees, foods, or other factors)?
- 4 **Y N** Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
 - a. **Y N** Do you tire more easily or quickly than your friends during exercise?
 - b. **Y N** Have you ever had any problems with your blood pressure or your heart?
 - c. **Y N** Have any close relatives had heart problems, heart attack, or sudden death before they were age 50?
- 5 **Y N** Do you have any skin problems (acne, itching, rashes, etc.)?
- 6 **Y N** Have you ever had fainting, convulsions, seizures or severe dizziness?
 - a. **Y N** Do you have frequent severe headaches?
 - b. **Y N** Have you ever had a "stinger" or a "burner" or a "pinched nerve"?
 - c. **Y N** Have you ever been "knocked out" or "passed out"?
 - d. **Y N** Have you ever had a neck or head injury?
- 7 **Y N** Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
- 8 **Y N** Have you had asthma, or trouble breathing, or cough during or after exercise?
- 9 **Y N** Do you wear eyeglasses, contact lenses or protective eye wear?
 - a. **Y N** Have you had any problem with your eyes or vision?
- 10 **Y N** Do you wear any dental appliance such as braces, bridge, plate, or retainer?
- 11 **Y N** Have you ever had a knee injury?
 - a. **Y N** Have you ever had an ankle injury?
 - b. **Y N** Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
 - c. **Y N** Have you ever had a broken bone (fracture)?
 - d. **Y N** Have you ever had a cast, splint, or had to use crutches?
 - e. **Y N** Must you use special equipment for competition (pads, braces, neck roll, etc.)?
- 12 **Y N** Has it been more than 5 years since your last tetanus booster shot?
- 13 **Y N** Are you worried about your weight?
- 14 **Y N** FEMALES: Have you had any menstrual problems?
- 15 **Y N** Have you any medical concerns about participating in your sport?

*******ATHLETE SHOULD NOT WRITE BELOW THIS LINE*******

Examiner's comments on all "YES" answers (refer to question number):



Sound Christian Academy

Physical Examination Form – Page 2

Name: _____

Last

First

Age: _____

Pulse: _____

Optional:

Body Fat %: _____

Height: _____

Blood Pressure: _____

HCT: _____

EST V02 Max: _____

Weight: _____

Visual Acuity: Left 20/ _____

Audiometry: _____

Right 20/ _____

Normal:

Abnormal:

Notes:

_____	1 Head	_____	_____
_____	2 Eyes (pupils), ENT	_____	_____
_____	3 Teeth	_____	_____
_____	4 Chest	_____	_____
_____	5 Lungs	_____	_____
_____	6 Heart	_____	_____
_____	7 Abdomen	_____	_____
_____	8 Genitalia	_____	_____
_____	9 Neurologic	_____	_____
_____	10 Skin	_____	_____
_____	11 Physical Maturity	_____	_____
_____	12 Spine, Back	_____	_____
_____	13 Shoulders, Upper Extremities	_____	_____
_____	14 Lower Extremities	_____	_____

Assessment: _____ Full Participation

_____ Limited participation (describe limitations, restrictions):

_____ Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

Examiner's Signature: _____

Exam Date: _____

Print Examiner's Name: _____

Examiner's Phone: _____