## REGION 15 SPORTS PHYSICAL EXAMINATION "Serving the Educational Needs of Middlebury and Southbury"

Schoo	ol:								
Name	»:	Grade:Date of Birth:							
		ections: Please review all questions with your parent or guardian and answer them your knowledge.							
YES	NO								
		1. Has anyone in the athlete's family (grandmother, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50 years?							
		2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness?							
	3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exer								
	4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?								
<ul><li>5. Does the athlete have a history of a concussion (getting knocked out)?</li><li>6. Has the athlete ever suffered a heat related illness (heat stroke)?</li><li>7. Does the athlete have anything he or she wants to discuss with the physician?</li></ul>									
						8. Does the athlete have a chronic illness or see a physician regularly for any medical/emotional issue?			
					9. Does the athlete take any medicine?				
		10. Is the athlete allergic to any medications or bee stings?							
		11. Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries etc.)?							
		12. Does the athlete wear glasses or contact lenses?							
		13. Will the athlete wear orthodontic appliances during sports?							
		14. Has the athlete ever been hospitalized or had surgery?							
Expla	in any '	"YES" answers here:							
	nation o	red and reviewed the questions above, and give permission for release of on this form for confidential use in meeting my child's health and educational needs							
Signa Date:	ture of	Parent or Guardian:							

Note: The completed physical exam form must be in the school nurse's office before a student may participate in any school sponsored clinic, try-out, or practice for interscholastic sports.

			Date of Birth:
		<b>XAMINATION*</b> BP	P
2. Muse	culoskeletal	examination (Record laxity, weakness, instability, d	lescreased ROM – if abnormal)
Normal	Abnormal		Description of abnormal findings
		A. Knee	
		B. Ankle	
		C. Shoulder	
		D. Other Joints	
		E. Alignment problems (e.g. leg length, Q angle)	
		F. Scoliosis	
		G. Feet	
		H. Estimate of strength	
		I. Estimate of flexibility	
4. Other	SMENT (ch	on (if indicated by history):	er
6. A B	Unlimi Limited Deferre	ted d to specific sports:habilitation, recheck, consultation, laboratory tests,	
7. A B DATE (	Other OF LAST TI	eck one) and after any injury that limits participation for long:  ETANUS BOOSTER (MUST BE WITHIN 10 YEA)	RS)
Physicia	an Signature	Date of E	xam
		inted)	

\*The use of this form, and the results of this physical examination, are for the sole purpose of determining medical eligibility in Region 15 School sports programs and may not be used to determine medical eligibility for any other program.