

GREENWICH PUBLIC SCHOOLS
PHYSICAL EXAM FORM FOR SPORTS PARTICIPATION

Health History

(To be completed by Parent/Guardian)

Student's Name _____ Address _____

Grade _____ School _____ Sports Being Played (1) _____ (2) _____ (3) _____

All questions must be answered. All "Yes" answers must be explained in the space provided below. Use additional sheet if necessary.

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| <p><u>Yes</u> <u>No</u></p> <p>1) _ _ Allergy – Epipen: Yes or No (circle)</p> <p>2) _ _ Head Injury, Concussion, Loss of Consciousness</p> <p>3) _ _ Frequent Headaches, Dizziness, Fainting</p> <p>4) _ _ Visual Impairment</p> <p>5) _ _ Eye Injury, Retinal Detachment</p> <p>6) _ _ Eyeglasses, Contact Lenses</p> <p>7) _ _ Hearing Impairment</p> <p>8) _ _ Dental Bridge, Plate, Braces</p> <p>9) _ _ Heart Problem, Murmur, Arrhythmia</p> <p>10) _ _ High Blood Pressure</p> <p>11) _ _ Chest Pain, Fainting During Exercise</p> <p>12) _ _ Cough, Wheeze, Shortness of Breath
With Exercise or Cold Weather</p> <p>13) _ _ Heart Attack or Stroke of Family Member
Younger Than 50 Years of Age</p> <p>14) _ _ Gastrointestinal Problems</p> <p>15) _ _ Kidney, Urinary Tract Problems</p> <p>16) _ _ Chronic or Recurrent Illness</p> <p>17) _ _ Blood Clotting Disorder</p> <p>36) _ _ Diagnosed with COVID-19</p> | <p><u>Yes</u> <u>No</u></p> <p>18) _ _ Rheumatic Fever</p> <p>19) _ _ Mononucleosis</p> <p>20) _ _ Hepatitis</p> <p>21) _ _ Asthma Inhaler, Yes or No (circle)</p> <p>22) _ _ Recent Viral Illness</p> <p>23) _ _ Orthopedic Injury, i.e., Knee, Ankle, Shoulder</p> <p>24) _ _ Broken Bones</p> <p>25) _ _ Neck, Spine, or Low Back Injury</p> <p>26) _ _ Scoliosis</p> <p>27) _ _ Hospitalizations</p> <p>28) _ _ Surgery</p> <p>29) _ _ Death of Family Member Younger Than 40
Years of Age Due to Illness</p> <p>30) _ _ Skin Disorder</p> <p>31) _ _ Heat Stroke, Heat Exhaustion</p> <p>32) _ _ Medications at Present</p> <p>33) _ _ Missing Organs</p> <p>34) _ _ Menstrual Disturbance</p> <p>35) _ _ Other Information</p> |
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EXPLANATION: _____

I give permission for release of appropriate information from this sports form to the coach and his/her staff for maintenance of a healthy and safe environment while participating in the sports program. (I will update as appropriate during the school year). In addition, I am aware of the risk inherent in athletics and hereby give permission for my child to tryout and participate.

_____ Signature of Parent or Guardian

_____ Date

PLEASE HAVE PHYSICIAN COMPLETE REVERSE SIDE.

STUDENT'S NAME _____ GD. ____ D.O.B. _____ MALE __ FEMALE __

PHYSICIAN'S EXAM

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ SPINAL CURVATURE _____

LAST TETANUS TOXOID BOOSTER WAS ON _____

PHYSICAL EVALUATION

_____ I find this student physically qualified to participate in ALL supervised sports.

_____ This student should have the following problems evaluated prior to participation in ANY competitive athletics:

This student has health problems, which would prohibit him/her from participating in specific competitive athletics.

YES ____ NO ____

RESTRICTIONS: CIRCLE BELOW

Badminton	Fencing	Ice Hockey	Soccer	Volleyball
Baseball	Field Hockey	Indoor Track	Softball	Water Polo
Basketball	Football	Lacrosse	Swimming	Wrestling
Cheerleading	Golf	Rugby	Tennis	Other _____
Cross Country	Gymnastics	Skiing	Track	_____

In addition to reviewing the health history and immunization records, this certifies that I have performed a complete Physical Exam including evaluation of the musculo-skeletal system.

THIS EXAM IS VALID FOR THIRTEEN (13) MONTHS FROM THE DATE OF THE EXAM. IF THIS PHYSICAL EXAM EXPIRES DURING A SPORT SEASON, THE STUDENT WILL NOT BE ELIGIBLE TO PARTICIPATE (PRACTICE OR PLAY) UNTIL A NEW EXAM HAS BEEN SUBMITTED AND APPROVED BY THE SCHOOL NURSE.

Signature of Physician

Date of Exam

Telephone # of Physician

Physician (stamp)

Please return this form to the School Nurse before the first day of tryouts.