SPORTS PHYSICAL

Glen Edwards Middle School

Student Name: _____Birthdate: _____ Male: ___ Female: ___ Grade: ____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Additional Emergency Contact : _____Phone: _____

Insurance Company: _____ Policy Number: _____

Medical History

Have any members of your family had a heart attack? Yes___No___

Have you ever passed out while exercising? Yes___No___

Do you have to stop while running any distance? Yes___No___

Are you taking any medication? Yes___No___

Type of medication_____

Have you ever been "knocked out", had a concussion, or had severe pain in your neck or arms? Yes___No___

If so, when_____

Have you had any illnesses that required hospitalization or more than one visit to the doctor? Yes___No___

If yes, when_____

_____

Check those areas that may have occurred at any time:

___Bronchitis ___Diabetes
___Epilepsy ___Hepatitis
___Hernia ___Hypoglycemia
___Kidney Disease ___Mumps
___Rheumatic fever ___Pneumonia
___Scarlet fever ___Tuberculosis

Have you ever sprained, strained, dislocated, or broken:

___Neck ___Back
___Ribs ___Pelvis
___Hip ___Thigh
___Lower leg ___Ankle
___Shoulder ___Foot
___Clavicle ___Humerus
___Elbow ___Forearm
___Wrist ___Hand

To Be Completed by Physician

Pulse: _____ Blood pressure:_____

Height: _____Weight: _____

	Normal	Abnormal
Eyes		
Ears		
Nose		
Mouth		
Lymph Nodes		
Lungs		
Heart		
Abdomen		
Hernia		
Spine		
Reflexes		
Extremities		

Notes: _____

Recommendation:

___Unlimited participation
___Disqualified at this time

_____
Physician' Signature

_____
Date Physical Completed