Fairbanks North Star Borough School District

SPORTS PHYSICAL FORM

PART A: **To Be Filled Out by the Athlete**

Name: ____ School: _______________________________ Grade: ____________

Address: ____ Phone Number: ________________________________

Date of Birth: _______________ Age: ____________ Name of Parents: ____

Sport(s): ________________________________ Position(s): ______________________________ Coach (es): _________________

Please check if you have had any problems in the following areas:

_____ Concussion, "Knocked Out" _____ Neck Injury _____ Back Injury, Pain
_____ Shoulder Injury _____ Arm, Elbow, Hand Injury _____ Knee Injury, Popping
_____ Groin, Thigh, Leg Injury _____ Ankle, Foot Injury _____ Swelling, Pain, Locking or giving way

Yes	**No**	
_____	_____	Have any members of your family under the age of 40 had a "heart attack" or sudden death?
_____	_____	Have you ever had chest pain while exercising or passed out?
_____	_____	Do you have coughing, wheezing, or severe shortness of breath with exercise?
_____	_____	Are you taking any medication?
_____	_____	Do you have any allergies?
_____	_____	Have you had ear problems or difficulty hearing?
_____	_____	Do you wear glasses or contact lenses?
_____	_____	Have you ever had any discomfort in your groin (hernia)?
_____	_____	Have you ever had any illness or injuries that required hospitalization, surgery, or repeated visits to the doctor?

PART B: **To be Filed Out by the Physician**

Height: ___________________________ Weight: _________________________ Blood Pressure: ______________________
Eye: R 20/__________ L20/__________ Ears ________________ Skin: _______________ Lungs: ___________________
Heart ________________ Abdomen _________________ Neurologic: ____________ Urinalysis (if indicated) _____________

MEDICAL FINDINGS

_____

RECOMMENDATIONS

_____ Follow up with athlete's physician
_____ Other

MUSCULOSKELETAL

_____ Neck Weakness
_____ Shoulder Weakness
_____ Shoulder Injury
_____ Scoliosis
_____ Tight Hamstring
_____ Tight Groin Muscle
_____ Worn Knee Cap
_____ Knee Injury; ligament, cartilage
_____ Tight Achilles Tendon
_____ Weak Ankles

RECOMMENDATIONS

_____ Strengthening Exercises, Neck
_____ Neck Roll (equipment)
_____ Strengthening Exercises, Shoulder
_____ Hamstring Stretching
_____ Groin Stretching
_____ Quadriceps Strengthening
_____ Knee Brace
_____ Achilles Stretches
_____ Strengthening Exercises, Ankles
_____ Tape or Wrap Ankles
_____ Referral to Orthopedist
_____ Referral to Athletic Trainer
_____ Other

I certify on this date I have examined and find him/her physically able to compete in supervised activities with restrictions as noted:

Restrictions: ____

PHYSICAN'S SIGNATURE :____ DATE: ________________________
PHYSICAN'S NAME (Please print) ____

Return completed original form to the school.