



STEVENS MIDDLE SCHOOL

1139 West 14th Street
Port Angeles, WA 98363
360.452.5590

FORM MUST BE COMPLETED BY STUDENT'S PHYSICIAN EVERY 24 MONTHS.
Form must be returned with Athletics Application Package.

Name _____ Age _____ Date _____

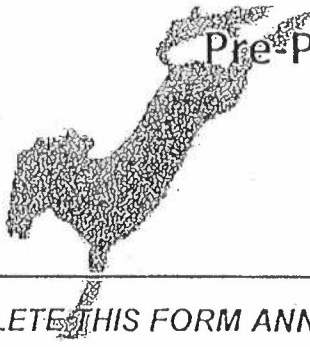
Height _____ Weight _____ BP _____ / _____ Pulse _____			
Vision R20/ _____ L20/ _____ Corrected: Y N			
	Normal	Abnormal Findings	Initials
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Musculoskeletal (Symmetry/ROM/Strength/Flexibility)			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee			
Ankle			
Foot			

- No restriction for sports participation
- Clearance withheld pending attached verification of rehabilitation/evaluation for: _____
- Limited participation. Not cleared for the following types of sports: _____

Recommendations: _____

Examiner's Signature _____ Date _____ Phone _____

Print Name and Address _____



Pre-Participation Physical Exam Form

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COMPLETE THIS FORM ANNUALLY AND RETURN WITH ATHLETICS APPLICATION PACKAGE.

Name _____ Date _____

Address _____

Phone _____ Birth date _____ Male Female

Physician _____ Physician Phone _____

Sports _____ Grade _____

Notify in Emergency _____ Emergency Phone _____

Alternate Emergency Name _____ Alternate Emergency Phone _____

Medications (taken regularly) _____ Known Allergies _____

Medicine Yes No

Bee sting Yes No

Last tetanus shot (year) _____

History: Check Yes or No. Explain "Yes" answers below:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you had a medical problem or injury since your last physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been in the hospital or had an operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been dizzy or passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had high blood pressure, a heart murmur, or irregular heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been knocked out or unconscious, had a head injury, or a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a "stinger," "burner," or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had muscle cramps, heat exhaustion, or heat stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have trouble breathing or do you cough during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had asthma, diabetes, mono, or other medical problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you missing an eye, kidney, or testicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use any special equipment? (pads, braces, neck rolls, mouth guard, eye guards, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> hip <input type="checkbox"/> neck <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> hand <input type="checkbox"/> thigh <input type="checkbox"/> knee <input type="checkbox"/> shin/calf <input type="checkbox"/> ankle <input type="checkbox"/> foot | | |
| 15. Are you satisfied with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Females: At what age was your first menstrual period? _____ Do you have at least eight periods in a year? _____ | | |

Please explain "Yes" answers:

Parent/Guardian: Please Read, Print and Sign (Return Form to SMS Business Office)

I hereby state that, to the best of my knowledge, the answers to the above questions are correct.

I approve of my child's participation in athletic in the Port Angeles School District athletic program, and I will assume all financial responsibilities not covered by child's school insurance for injuries received while he or she is training for or playing in athletic games. I also give my permission for my child to receive a physical examination. I give my permission for my child to travel as required as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official.

Date _____ Signature of Athlete _____ Signature of Parent/Guardian _____