

San Antonio Academy Annual Physical Form

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Page 1 filled out and signed by parent; Page 2 filled out and signed by physician

_____ Student's Last Name _____ First Name _____ Grade _____ Age _____ Date of Birth

This **Annual Physical Form** must be completed by a parent (or guardian) and a Physician in order for the student to participate in physical education and extracurricular athletic activities. These questions help to determine if the student has developed any condition which would restrict participation in an athletic event or in physical education activities. **In addition, a copy of your son's Vaccination Record is required each year.**

Explain "Yes" answers below.

No Yes

1.	Has your son had a medical illness or injury since your last check up or sports physical?		
2.	Does your son have any ongoing medical conditions (like diabetes or asthma)?		
3.	Has your son's doctor ever denied or restricted participation in sports for any reason?		
4.	Is your son currently taking any non prescription or prescription medications or using an inhaler?		
5.	Does your son cough, wheeze or have seasonal allergies or asthma?		
6.	Does your son have any allergies to medicines, pollens, foods, or stinging insects?		
7.	Has your son ever felt dizzy, passed out or nearly passed out during or after exercise?		
8.	Has your son ever had chest pain during or after exercise?		
9.	Does your son get tired more quickly than his friends during exercise?		
10.	Has your son ever become ill from exercising in the heat?		
11.	Has your son ever had racing heart or skipped heartbeats?		
12.	Has your son ever been told he has a heart murmur?		
13.	Has your son ever had high blood pressure or high cholesterol?		
14.	Has any family member or relative had heart problems, or died of unknown causes before age 50?		
15.	Has your son ever had a head injury or concussion?		
16.	Has yourson ever been knocked out, become unconscious, been confused or lost his memory?		
17.	Have your son ever had a seizure?		
18.	Has your son ever been hospitalized overnight?		
19.	Has your son ever had surgery?		
20.	Has your son had a severe viral infection (for example myocarditis or mononucleosis) within the last few months?		
21.	Does your son have any current skin problems (for example, itching, rashes, pimples, pustules, warts, fungus, and blisters)?		
22.	Has your son ever had a sprain, strain or swelling after injury that caused him to miss practice or a game?		
23.	Has your son broken or fractured any bones or dislocated any joints?		
24.	Have results from an X-ray, MRI, or CT of a bone or joint ever resulted in treatment like physical therapy, surgery, injection, bracing, a cast or crutches?		

Explain "Yes" answers here: _____

_____(Please use reverse side, if necessary)

The above information is correct to the best of my knowledge. I hereby give my informed consent for my son to participate in PE and Sports activities. I understand the risk of injury in athletic participation.

Signature of parent/guardian _____ Date _____

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Physician Physical Examination

Annual Requirement for **All Students to Play Sports/PE**

This document is to be Completed By A Physician, a Physician Assistant licensed by a Stateboard of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic before student participates in any practice, before, during or after school, (Both in-season and out-of-season). Examination forms signed by any other health care practitioner will not be accepted.

 Student's Last Name First Name Grade Age Date of Birth

Height _____ Weight _____ BP _____ / _____ Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS	*INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart Auscultation (supine)			
Heart Auscultation (standing)			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia			
Skin			

MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Medical Conditions: _____

Student is in good health and cleared for all physical activities, with no restrictions.
 Student cleared after completing evaluation/rehabilitation for: _____
 Not Cleared for
 Collision
 Contact
 Non-contact ___ Strenuous ___ Moderately Strenuous ___ Non-Strenuous Reason: _____

*MD Name(print/type) _____ Address: _____ Phone Number: _____

*Signature: _____ Date of Examination: _____