One Tribe. One Team. One Goal.

Ahfachkee Warriors Athletics Physical Examination Form

This form must be completed and signed by a licensed healthcare provider before a student-athlete may participate in any Ahfachkee School athletic activity. A new physical examination is required annually.

Section 1: Student Information

Student Name: _____ Date of Birth: _____
Grade: _____ Gender: _____ Sport(s): _____
Address:_____
Parent/Guardian Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Section 2: Health History

Please answer the following (circle Yes or No):

1. Have you ever been hospitalized overnight? Yes / No
2. Have you ever had surgery? Yes / No
3. Do you have any chronic medical conditions (asthma, diabetes, etc.)? Yes / No
4. Are you currently taking any prescription medications? Yes / No
5. Do you have allergies to medications, foods, or insects? Yes / No
6. Have you ever been diagnosed with a concussion or head injury? Yes / No
7. Have you ever experienced chest pain, fainting, or shortness of breath during exercise? Yes / No
8. Do you wear corrective lenses or contacts? Yes / No
9. Do you currently have any injuries or conditions limiting participation? Yes / No

Section 3: Physical Examination (to be completed by healthcare provider)

Height: _____ Weight: _____ Blood Pressure: _____ / _____

Vision: Right _____ Left _____

Heart: _____

Lungs: _____

Abdomen: _____

Musculoskeletal: _____

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Neurological: _____

Other Findings: _____

Section 4: Medical Eligibility

☐ Cleared for all sports without restriction

☐ Cleared for all sports with recommendations for further evaluation or treatment

☐ Not cleared for sports participation

Comments/Recommendations:

_____

_____

Section 5: Provider Information & Signature

Provider Name: _____
Facility/Clinic: _____
Phone Number: _____
Address: _____

Provider Signature: _____ Date: _____