

# Central Valley School District #356 PREPARTICIPATION PHYSICAL EVALUATION

STUDENT NAME & SCHOOL \_\_\_\_\_ ATHLETIC INS. Pd \_\_\_\_\_  
 NAME \_\_\_\_\_ ASB Pd \_\_\_\_\_  
 \_\_\_\_\_ Parent/Guardian/Custodian DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ WORK \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_  
 HEALTHCARE PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_  
 SPORTS \_\_\_\_\_ GRADE \_\_\_\_\_  
 \_\_\_\_\_  
 NOTIFY IN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICATIONS (taken regularly) \_\_\_\_\_ ALLERGIES:  
 \_\_\_\_\_ Medicine \_\_\_\_\_  
 LAST TETANUS SHOT \_\_\_\_\_ (YEAR) Bee Sting \_\_\_\_\_  
 Other \_\_\_\_\_

## HISTORY:

Explain "Yes" answers below:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you had a medical problem or injury since your last evaluation?  | <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"/> neck <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> hand<br><input type="checkbox"/> hip <input type="checkbox"/> thigh <input type="checkbox"/> knee <input type="checkbox"/> shin/calf <input type="checkbox"/> ankle <input type="checkbox"/> foot |                          |                          |

Explain "Yes" answers: \_\_\_\_\_

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

My signature also authorizes the coach or other responsible official to obtain emergency medical care for my child should such become necessary when I am not immediately available. **This Physical examination is intended to evaluate individuals for safe participation in sports, and should not substitute for routine healthcare.**

<b>X</b>	<b>X</b>	<b>X</b>
Date	Signature of Athlete	Signature of Parent/Guardian/Custodian

The Washington Interscholastic Activities Association requires that, "prior to the first practice in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. The physical examination shall be valid for twenty-four (24) consecutive months to the date unless otherwise limited by school district policy or the physician." This requirement is for the protection of your child.

The school district urges you to provide student insurance in case of injury. You may select either the insurance offered through the district or your own family insurance.

Please sign the statement below if you wish to give your permission for your child to take part in the school's athletic program.

"I approve of my child's participation in athletics in the Central Valley School District's athletic program and I will assume all financial responsibilities not covered by my child's school insurance or my family insurance for injuries received while s/he is training for or playing athletic games. I also give my permission for my child to receive emergency treatment of an injury by any physician designated by a school official."

<b>X</b>	
	Signature of Parent/Guardian/Custodian

# PHYSICAL EXAMINATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

Height _____ Weight _____ BP _____ / _____ Pulse _____			
Vision R20/_____ L20/_____ Corrected: Y N			
	<b>Normal</b>	<b>Abnormal findings</b>	<b>Initials</b>
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles/hernia			
Musculoskeletal (Symmetry?ROM?Strength?Flexibility)			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee		R MCL      R ACL L MCL      L ACL	
Ankle		R ANT DRAWER L ANT DRAWER	
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:
- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Collision | <input type="checkbox"/> Non-contact   | <input type="checkbox"/> Strenuous      |
| <input type="checkbox"/> Contact   | <input type="checkbox"/> Non-strenuous | <input type="checkbox"/> Very strenuous |
- Minimum wrestlers weight: High School (circle) 101 191  
Middle Level/Junior High (circle) 65 175
- Was body fat measured? \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

X Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Print Name and Address \_\_\_\_\_