WYTHE COUNTY PARKS & RECREATION
ATHLETIC PARTICIPATION PHYSICAL EXAMINATION FORM

Part I - Personal Information

Name _____ Social Security # _____
(Last) (First) (MI)

Home Address _____ Male _____ Female _____

Date of Birth _____ School _____ Grade _____
(month-day– year)

Parent/Guardian Name _____ Relationship _____

Telephone # - Home _____ Work _____ Cell _____

Part II—Medical History

This form should be completed by parent and athlete prior to time of physical examination and should be taken with to the physical examination for review by physician during the examination.

1. Have you ever had any of the following?

	YES	NO		YES	NO
Heart Murmur	___	___	High Blood Pressure	___	___
Other Heart Problems	___	___	Broken Bones	___	___
Weak Joints (ankle/knee)	___	___	Concussion	___	___
Operation	___	___	Seizures or Epilepsy	___	___

2. Have you ever had significant allergies?

Hay fever	___	___	Asthma	___	___
Bee Stings	___	___	Poison Ivy	___	___
Foods	___	___	Medicine	___	___

3. Have you ever fainted or passed out?	___	___
4. Have you ever been knocked out?	___	___
5. Have you ever bee hospitalized?	___	___
6. Have you ever stopped running/exercising due to chest pain or shortness of breath?	___	___
7. Do you take any medications regularly?	___	___
8. Have you had any illness lasting one week or more?	___	___
9. Have you ever had any blood disorders (anemia, sickle cell, etc)?	___	___
10. Has any family member had a heart attack/problems, sudden death prior to age 50?	___	___
11. Do you wear contact lenses, eyeglasses or dental appliance?	___	___
12. Do you have any mission or non-functioning organs?	___	___
13. DATE OF LAST TETANUS IMMUNIZATION	___	___

Please explain any yes answers from above _____

_____

_____

_____

Part III - Physical Examination

(To be completed and signed by examining physician)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Eyes _____ Cervical Spine/Neck _____

Ears _____ Back _____

Nose _____ Shoulders _____

Throat _____ Arm/Elbow/Wrist/Hand _____

Teeth _____ Knees/Hips _____

Skin _____ Ankles/Feet _____

Lymphatic _____ Heart _____

Lungs _____ Abdomen_____

Genitalia/Hernia _____ Peripheral Pulses _____

***WHEN MEDICALL INDICATED**

*Percent Body Fat _____ Tanner Stage/Maturation Index _____

*****Lab: Urine _____ Hemoglobin or HCT _____ and/or Fe Stores _____

*Vision: Corrected (L) _____(R) _____ Both _____ Uncorrected (L) _____ (R) _____ Both _____

*Audiogram _____

I have reviewed the data above, reviewed his/her medical history form and make the following recommendation(s) for his/her participation in athletics: (please circle the appropriate response)

Full Participation Limited Participation No Participation Requires Further Evaluation

Comments/explanation for above recommendation (must be completed for all but full participation) _____

_____

_____

_____

_____

_____

Physician Signature _____ , M.D.* Date _____

Physician Name (print) _____

Address _____

City_____ Zip Code _____

Telephone _____ *Doctor of Medicine, Physician Assistant or Licensed Nurse Practitioner