## Heritage Hall Christian School SPORTS PHYSICAL

Previous high school attended	Studer	ntPhone: (	)		
Sex:      AgeDate of BirthPhone: ()         Personal PhysicianPhone: ()         Previous high school attended	Street	City	ZIP		
Explain "Yes" answers below:       Yes         1.       Have you ever bad surgery:		-			
1.       Have you ever been hospitalized?	Persor	al PhysicianPhone: (	)		
1.       Have you ever been hospitalized?	Previo	bus high school attended			
Have you ever had surgery:	Explai	n "Yes" answers below:		Yes	No
Are you presently under a doctor's care?       []         2.       Are you presently taking any medications or pills?       []         3.       Do you have any allergies (medicine, bees or other stinging insects)?       []         Have you ever based out during or after exercise?       []         Have you ever bad chest pain during or after exercise?       []         Have you ever had hest pain during or after exercise?       []         Have you ever had high blood pressure?       []         Have you ever had racing of your heart or skipped hearbeats?       []         Has anyone in your family died of heart problems or a sudden death before age 50?       []         Has anyone in your family had Marfan's syndrome?       []         6.       Have you ever had a head injury?       []         Have you ever had a stinger, burner or pinched nerve?       []         Have you ever had a stinger, burner or pinched nerve?       []         Have you ever had heat cramps, heat illness or muscle cramps?       []         Have you ever had heat problems with your eyes or vision?       []         Have you ever had a stinger, burner or pinched nerve?       []         Have you ever had a stinger, burner or pinched nerve?       []         Have you ever had heat cramps, heat illness or muscle cramps?       [] <tr< td=""><td>1.</td><td>Have you ever been hospitalized?</td><td></td><td>[]</td><td>[</td></tr<>	1.	Have you ever been hospitalized?		[]	[
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16.       When was your first menstrual period?         When was your last menstrual period?				[]	[
When was your last menstrual period?		•			
	16.				
What was the longest time between your periods last year?		•			
······································		What was the longest time between your periods last year?			

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

Date\_\_\_\_

Signature of athlete\_\_\_\_\_

Signature of parent/guardian\_\_\_\_\_

## PHYSICAL EXAMINATION (must be signed by Physician below)

	Stude		udent			
Height	Weight	BP	/		Pulse	
Vision: R 20/ L 20	)/	Corrected: Y	Ν	Pupils (Circle):	Equal/ unequal R>	L L>R
	Circle (if o	ption given)		Speci	fic Findings	
Marfan's syndrome stigmata	NO	Yes				
Heart						
Rhythm	Regular	Irregular				
Murmur (supine)	no	yes				
Murmur (standing)	no					
	Norr	nal √		Specif	fic Findings	
Lungs						
Skin						
Abdominal						
Femoral Pulses						
Genitalia/Hernia						
Musculoskeletal						
Neck						
Shoulders						
Elbows						
Wrists						
Hands						
Back						
Knees						
Ankles						
Feet						
Other						

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for:

C. Not cleared due to:

Recommendation:\_\_\_\_\_

I hereby certify that this athlete was examined by me. At that time no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below.** 

Boys Sports:	[] Soccer	<ul> <li>basketball</li> </ul>	
Girls Sports:	[] Volleyball	[] basketball	[] cheerleading

Name of Physician				
Address:				
Phone: ()	Date			
Signature of Physician	(stamp here)			