

# PHYSICAL EXAMINATION AND SPORTS MEDICAL PERMISSION FORM

I, \_\_\_\_\_ hereby consent to represent Crown College in the sport(s) of \_\_\_\_\_ realizing that such activity involves the potential for injury. I acknowledge with the best coaching, use of the most advanced equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I further grant permission to Crown College, its physicians and/or Athletic Trainers to render aid, treatment, medical, or surgical care deemed reasonably necessary to protect the health and well being of the above individual.

I further release Crown College, its agents, servants, and employees from any liability for damage and injury to the above individual and hereby accept full responsibility for any damages of injuries sustained as a result of participation in the sport(s) or extracurricular activity named above.

Student-Athlete \_\_\_\_\_

Date \_\_\_\_\_

**Personal History**

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Social Security \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Have you ever had a pre-participation physical before? \_\_\_\_\_ If so, when/where? \_\_\_\_\_

Please explain "yes answers" below. (Please Circle your answer)

- |   |     |    |
|---|-----|----|
| 1. Have you ever been hospitalized?   | Yes | No |
| Have you ever had surgery?  | Yes | No |
| 2. Are you presently taking any medication or pills?  | Yes | No |
| 3. Do you have any allergies (medicine, bees, or other stinging insects)?   | Yes | No |
| 4. Have you ever passed out during exercise?  | Yes | No |
| Have you ever been dizzy during or after exercise?  | Yes | No |
| Have you ever had chest pain during or after exercise?  | Yes | No |
| Do you tire more quickly than your friends during exercise?   | Yes | No |
| Have you ever had high blood pressure?  | Yes | No |
| Have you ever been told that you have a heart murmur?   | Yes | No |
| Have you ever had a racing of your heart or skipped heartbeats?   | Yes | No |
| Has anyone in your family died of heart problems or a sudden death before the age of 50?                            | Yes | No |
| 5. Do you have any skin problems (itches, rashes, acne)?  | Yes | No |
| 6. Have you ever had a head injury?   | Yes | No |
| Have you ever been knocked out or unconscious?  | Yes | No |
| Have you ever had a seizure?  | Yes | No |
| Have you ever had a stinger, burner or pinched nerve?   | Yes | No |
| 7. Have you ever had heat or muscle cramps?   | Yes | No |
| Have you ever been dizzy or passed out in the heat?   | Yes | No |
| 8. Do you have trouble breathing or do you cough during or after activities?  | Yes | No |
| 9. Do you use special equipment (pads, braces, neck role, mouth guard, eye guard)?                                  | Yes | No |
| 10. Have you ever had any problems with your eyes or vision?  | Yes | No |
| Do you wear glasses or contacts or protective eye wear?   | Yes | No |
| 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? | Yes | No |
| Head      Shoulder      Thigh      Neck      Elbow      Knee      Chest   |     |    |
| Forearm      Shin/calf      Back      Wrist      Ankle      Hip      Hand      Foot                                 | Yes | No |
| 12. Have you ever had any other medical problems (infectious mononucleosis, diabetes)?                              | Yes | No |
| 13. Have you had a medical problem since your last evaluation?  | Yes | No |
| 14. When was you last tetanus shot?   | Yes | No |
| When was your last measles immunization?  | Yes | No |
| 15. When was your first menstrual period?   | Yes | No |
| When was your last menstrual period?  | Yes | No |
| What was the longest time between your periods last year?   |     |    |

Please explain Yes Answers here:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PHYSICAL EXAMINATION AND SPORTS MEDICAL PERMISSION FORM

**General Physical Examination**

**Examiner** \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected? \_\_\_\_\_ Pupils \_\_\_\_\_

	Normal	Abnormal Findings
Ears, Nose, Throat		
Heart		
Chest/Lungs		
Skin/Lymphatics		
Abdominals		
Genitals/Hernia		

**Musculoskeletal Examination**

**Examiner** \_\_\_\_\_

	Normal	Abnormal Findings
Neck/Back		
Upper Extremities		
Lower Extremities		
Flexibility		

Optional Labs

Urine Sugar \_\_\_\_\_

Urine Protein \_\_\_\_\_

Urine Hematest \_\_\_\_\_

**Official Recommendation**

A. This Athlete **may / may not** compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment, or follow up on the following is recommended:

C. Recommend further consultation with:

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**COACH'S ACKNOWLEDGEMENT**

I have reviewed all the information included in the medical history and examination and understand all the restrictions (if any) that are to be observed by this athlete and acknowledge the same.

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_