

SPORTS PARTICIPATION MEDICAL EXAMINATION

To the Health Care Provider – Please complete and sign ***Mandated Screening/Test under CT State Law**

Name: _____ Date of Birth: _____ Date of Exam: _____

General Exam	Normal	Abnormal Findings
Appearance		
Skin		
Heart		
Respiratory		
Cardiovascular Arrhythmia: Murmur:		
Abdomen		
Neurological		
Genitalia (hernia)		
Physical Maturity (Tanner Stage) 1 2 3 4 5		

Height:* _____ **Weight:*** _____

Blood Pressure:* _____ **Pulse:** _____

HCT/HGB:* _____

Urinalysis: ___ Protein: ___ Blood: ___ Glucose: _____

Visual Acuity:* _____ Right _____ Left

Corrected to _____ Right _____ Left

Hearing:* _____

Gross Dental:* _____

Body Fat _____ %
Cholesterol _____ %

Last Tetanus Booster Date: _____

Last Measles(MMR) Booster Date: _____

HBV 1 _____ 2 _____ 3 _____

Varicella Disease Date _____ OR

Varicella Immunization 1 _____ 2 _____

Chronic Disease Assessment*

Yes No

___ Asthma: ___ mild ___ moderate ___ severe
___ exercise induced ___ unclassified

___ Diabetes ___ Type I ___ Type II

___ Seizure Disorder

___ Anaphylactic Reaction: ___ food ___ insect ___ latex

___ Other: Please specify _____

*** TB: IN HIGH RISK GROUP** ___ YES ___ NO

TB TEST DATE RESULTS

Musculoskeletal Evaluation to include range of motion, strength, flexibility

	Normal	Abnormal Findings
Neck		
Spine		
Postural*		Min. ___ Slight ___ Mod. ___ Marked ___
Shoulders		
Arms/Hands		
Hips		
Thighs		
Knees		
Ankles		
Feet		

Comments and Recommendations

Weight loss/gain _____ Medications _____

Strengthening _____ Special Equipment _____

Stretching _____ Bracing/Taping _____

Conditioning (endurance) _____ Comments _____

•I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed:

Signature of Physician, RN, APRN, PA

Telephone

Provider Print or Stamp

Physical Exam Requirements for Interscholastic Sports Participation

To participate in interscholastic sports at the Varsity, JV or Freshman level, students are required to have a physical exam on record in the nurse's office by their health care provider (physician, physician's assistant, APRN or RN.)

This exam must have been done within thirteen (13) months prior to the start of tryouts, practices, or play in the particular sport in which the student plans to participate. If this physical expires during the sport season, a new physical must be submitted to the nurse in order for the student to continue participating in that sport.

This physical must be on record PRIOR to try-outs; there are no exceptions.

All health assessments must be complete. Both sides must be completed (one side by parent and one side by the health care provider) and ***every item marked with an asterisk * must be filled in***. Per our policy, any health assessment that has missing mandated information will be considered incomplete and will be returned to you for completion. This will delay a student's participation in sport as students ***will not*** be allowed to try out, practice or play until the form is completed.

Points to Remember:

Due to the large number of students who participate in sports, it is often difficult to get an appointment with your health care provider on a last minute basis. Parents whose children plan to participate in a sport are urged to make an appointment with their health care provider well in advance of the intended sports season. We recommend you keep a copy of your child's physical for your records at home.

Physicals are to be submitted to the nurse's office, not the coach. Coaches can not clear a student medically to participate in sports. Please hand in your physical as soon as it is completed. Do not wait for the sports season to begin.

Deadline for handing in physicals for the fall sport season is:

Friday, August 13, 2010 for Football

Friday, August 20, 2010 for all other sports

The Health Office will be glad to help you clarify any matter relating to sports physicals. Please call 255-7204 for assistance.