

Signature of Parent/Guardian_

P	art 1. Student Information (to be completed by the	parent).							HOLONG MINISTER STREET, CAN					
Student Name:														
S	chool:G	rade in School		Sp	_ Sport(s) expected to play				-					
Н	ome Address:					Home Phone	• ()							
N	ame of Parent/Guardian:													
	Person to Contact in Case of Emergency:													
R	Relationship to Student:Home Phone: ()Work Phone: ()													
Personal Family Physician:			City/State:		Office Phone: ()									
Pa	Part 2. Medical History (to be completed by parent). Explain "yes" answers below. Circle questions for which you do not know the answer													
		Yes	No					Yes	No					
1.	Has child had a medical illness or injury since the last check up or sports physical?		-	26.	. Has child ever beco	ome ill from exercising	g in the heat?							
2,	Does child have an ongoing chronic illness?			Does child cough, wastivity?	es child cough, wheeze or have trouble breathing during or after tivity?									
3.	Has child ever been hospitalized overnight?			28.	Does child have ast	thma?		-	-					
4.	Has child ever had surgery?			29.	9. Does child have seasonal allergies that require medical treatment?				despenden					
5.	ts child currently taking any prescription or nonprescription (over the counter) medications or pill or using an inhaler?	ne		30.	Does child have any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, fool orthotics, retainer on your teeth,									
6.	Has child ever taken any supplements or vitamins to help gain or I weight or improve performance?	ose	-		hearing aid)?		a portectività de describitation de l'acceptant de							
7.	Does child have any allergies (for example to pollen, medicine, for stinging insects)?	od or			Has child had any po Does child wear glad		•							
8.	Has child ever had rash or hives develop during or after exercise?			33.	Has child ever had a	a sprain, strain, or sw	relling after injury?							
9.	Has child ever passed out during or after exercise?			34.	Has child broken or	tractured any bones	or dislocated any joints?							
10.	Has child ever been dizzy during or after exercise?	•	*University of	35.			ain or swelling in muscles,		**************************************					
11.	Has child ever had chest pain during or after exercise?				tendons, bones, or jo									
12.	Does child get tired more quickly than friends during exercise?	*****				riate blank and expla	in below:							
13.	Has child ever had racing of the heart of skipped heartbeats?				Head	Elbow	Нір							
14.	Has child had high blood pressure or high cholesterol?				Neck	Forearm	Thigh							
15.	Has child ever been told he/she has a heart murmur?				Back	Wrist	Knee							
	Has any family member or relative died of heart problems or sudde				Chest	Hand	Shin/Calf							
	death before age 50?		enerotation man-		Shoulder	Finger	Ankle							
7.	Has child had severe viral infection (for example, myocarditis or mononucleosis) within the last month?	*********			Upper Arm	Foot								
8.	Has a physician ever denied or restricted child's participation in spot for any heart problems?	orts			Does child want to weigh more or less than child weighs now? Does child lose weight regularly to meet weight requirements for a		Militario de la constanta de l							
9.	Does child have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			38	sport? 8. Does child feel stressed out?									
0.	Has child ever had a head injury or concussion?		- 11				unizations (shots) for:	-						
1.	Has child ever been knocked out, become unconscious, or lost his/				Tetanus	Measles	S:							
2.	memory? Has child ever had a seizure?				Hepatitus B	Chicken	pox:							
3	Does child have frequent or severe headaches?													
	Has child ever had numbness or tingling in his/her arms, hands, leg or feet?	S,												
5.	Has child ever had a stinger, burner, or pinched nerve?		-											
ĸр	lain "Yes" answers here:													
								-						
her	reby state, to the best of my knowledge, that my answers to the above	ve questions an	e complete	e and co	rrect.		39.2							

Date:_



Athletic Pre-participation Physical Evaluation (Page 2 of 2) This completed form must be kept on file by the school

Part 3. Physical Examination (to be completed by physician). Student Name:										
					(/					
		Corrected: Yes								
FINDINGS	NORMAL		ABNORMAL FINDINGS	Place a publication contraction that the distribution of the contraction of the contraction of the contraction of the section of the contraction o	INITIALS*					
MEDICAL		ent en elle forten angele et performe en finglise i et en en el content per la elle entre en la entre entre en La content en en elle entre en elle en en elle entre en elle entre en elle entre entre entre entre entre entre			GP V C S 10 Tilled VP					
1. Appearance										
2. Eyes/Ears/Nose/TI	roat	Western Commence of the Commen								
3. Lymph Nodes		ANOUS AND								
4. Heart	determination and competitive and commission according									
5. Pulses										
6. Lungs										
7. Abdomen	antivoranies and the second and the second	MARIE CONTROL								
8. Skin	While month imperioral insuremental graph pages of pa	ACTIVA			Marked San House Company - Marked San House Company - Co					
MUSCULOSKELETAL										
9. Neck	40-cla Adriacon (pyros Citilianos continuo continuo cola par				0.0					
10. Back										
11. Shoulder/Arm	W0000000000000000000000000000000000000									
12. Elbow/Forearm										
13. Wrist/Hand		Exemples and additional confidence and additional and additional additional and an exemple and additional addi	and the first of the second		School State Community Com					
14. Hip/Thigh		Mark Commission of the Commission of the Association of the Commission of the Commis	enteres poul (1) par la Antière de Antière de Commission de propriet de propriet de Commission de Commission de		Without Control of Con					
15. Knee										
16. Leg/Ankle										
17. Foot	working and the second				enzandenziak den enzirentenza arang den enzirenzia generatuan gene					
' - Station-based exami	nation only				age s					
ASSESSMENT										
Cleared without li	mitation				the gar					
Cleared after con	npleting evaluation/r	ehabilitation for:								
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langues of Ohiminian					MD or DO					

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.