



# Linn-Mar Community Schools High School/Middle School Student Physical Examination Form

Community School District

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

## Parent/Guardian please answer the following:

Any medical problems or health concerns?  No  Yes

Any hearing, vision or speech problems?  No  Yes

Contact lens, glasses or hearing aids?  No  Yes

Any allergies?  No  Yes

Any medications?  No  Yes

Is this physical a sports participation exam?  No  Yes-please answer questions on back of this form.

If yes, please list any information for the above questions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Physician Recommendation:

Date of Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_ Pulse: \_\_\_\_\_

Student's immunizations are current:  Yes  No Immunizations given today: \_\_\_\_\_

Student can participate in all school activities:  Yes  No

Student can participate in athletics<sup>1</sup>:  Yes  No

If no, physician recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have interviewed and examined this student.

Physician name (print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup>For a detailed listing of participation recommendations, see Kurowski & Chandran, The Preparticipation Athletic Evaluation, AFP May 1, 2000, Vol. 61, p 2683, or <http://www.aafp.org/afp/20000501/2683.html>

Physician signature: \_\_\_\_\_

### **Athletic Participation Questions:**

- Do you take any medications?  No  Yes
- Do you have asthma or allergies?  No  Yes
- Do you have an ongoing illness or see a doctor regularly?  No  Yes
- Do you have only one eye or kidney?  No  Yes
- Have you ever passed out during or after exercise?  No  Yes
- Have you ever been dizzy during or after exercise?  No  Yes
- Have you ever had chest pain during or after exercise?  No  Yes
- Have you ever had trouble breathing or coughing during or after exercise?  No  Yes
- Has anyone in your family died suddenly before the age of 50?  No  Yes
- Have you ever broken a bone, worn a cast or injured a joint?  No  Yes
- Have you ever had any surgeries?  No  Yes
- Have you ever been knocked out or had a concussion?  No  Yes
- Have you ever had a seizure?  No  Yes
- For Women Only: Do you have regular periods?  No  Yes
- How old were you when you had your first period? \_\_\_\_\_

If yes, list any information for the above questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have reviewed the above questions with my son or daughter and give my permission for my student to participate in athletics.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

\_\_\_\_\_

A physical examination of all Linn-Mar students in grades kindergarten and nine is *requested*. It is *required* for students to have an annual physical examination prior to participation in organized school sports.