To be completed by athlete or parent prior to examination.

Name ___________________________ Last First Middle School Year ____________

Address ___________________________ City/State ___________________________

Phone No. ___________________________ Birthdate ___________ Age ________ Class ________ Student ID No. ___________________________

Parent’s Name ___________________________ Phone No. ___________________________

Address ___________________________ City/State ___________________________

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.  

Do you have any allergies?  □ Yes   □ No  If yes, please identify specific allergy below.  □ Medicines □ Pollens □ Stinging Insects

Explain "Yes" answers below. Circle questions you don’t know the answers to.

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

27. Have you ever used an inhaler or taken asthma medicine?

28. Is there anyone in your family who has asthma?

29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

30. Do you have groin pain or a painful bulge or hernia in the groin area?

31. Have you had infectious mononucleosis (mono) within the last month?

32. Do you have any rashes, pressure sores, or other skin problems?

33. Have you had a herpes or MRSA skin infection?

34. Have you ever had a head injury or concussion?

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

36. Do you have a history of seizure disorder?

37. Do you have headaches with exercise?

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

39. Have you ever been unable to move your arms or legs after being hit or falling?

40. Have you ever become ill while exercising in the heat?

41. Do you get frequent muscle cramps when exercising?

42. Do you or someone in your family have sickle cell trait or disease?

43. Have you had any problems with your eyes or vision?

44. Have you had any eye injuries?

45. Do you wear glasses or contact lenses?

46. Do you wear protective eyewear, such as goggles or a face shield?

47. Do you worry about your weight?

48. Do you use a brace, orthotics, or other assistive device?

49. Do you have a bone, muscle, or joint injury that bothers you?

50. Have you or a family member or relative been diagnosed with cancer?

51. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

52. Do you have any concerns that you would like to discuss with a doctor?

53. Have you ever had a menstrual period?

54. How old were you when you had your first menstrual period?

55. How many periods have you had in the last 12 months?

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

Signature of athlete ___________________________ Signature of parent/guardian ___________________________ Date ___________________________

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# PHYSICAL EXAMINATION FORM

**Name**

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
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## MEDICAL

### NORMAL

- Appearance
  - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

### ABNORMAL FINDINGS

- Eyes/ears/nose/throat
  - Pupils equal
  - Hearing

- Lymph nodes

- Heart
  - Murmurs (auscultation standing, supine, +/- Valsalva)
  - Location of point of maximal impulse (PMI)

- Pulses
  - Simultaneous femoral and radial pulses

- Lungs

- Abdomen

- Genitourinary (males only)

- Skin
  - HSV, lesions suggestive of MRSA, tinea corporis

- Neurologic

## MUSCULOSKELETAL

- Neck
- Back
- Shoulder/arm
- Elbow/forearm
- Wrist/hand/fingers
- Hip/thigh
- Knee
- Leg/Ankle
- Foot/toes

### Functional
  - Duck-walk, single leg hop

---

On the basis of the examination on this day, I approve this child’s participation in interscholastic sports for 395 days from this date.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Limited</th>
</tr>
</thead>
</table>

**Additional Comments:**

---

**Physician’s Signature**

**Physician’s Name**

**Physician’s Assistant Signature***

**PA’s Name**

**Advanced Nurse Practitioner’s Signature***

**ANP’s Name**

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician’s Assistants or Advanced Nurse Practitioners to sign off on physicals.