

AVON GROVE WILDCATS

Sports Physical Examination Form

Player Name: _____ Age: _____ Date: _____

Medicines: _____

Allergies: _____

Health History (to be completed by parent or guardian; answer Yes or No only)

Medical Questions For Parents	YES	NO
1) Family history of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
2) Dizziness / fainting / chest pain with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Heart murmur / heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
4) High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
5) Bone or joint injury (especially back or hips)?	<input type="checkbox"/>	<input type="checkbox"/>
6) Sprain / dislocation?	<input type="checkbox"/>	<input type="checkbox"/>
7) Serious head or spine trauma / repeated concussions / surgery on head or back?	<input type="checkbox"/>	<input type="checkbox"/>
8) Detached retina?	<input type="checkbox"/>	<input type="checkbox"/>
9) Known current illness / infection?	<input type="checkbox"/>	<input type="checkbox"/>
10) Uncontrolled asthma?	<input type="checkbox"/>	<input type="checkbox"/>
11) Uncontrolled seizures?	<input type="checkbox"/>	<input type="checkbox"/>
12) Recurrent skin disorders (boils, impetigo)?	<input type="checkbox"/>	<input type="checkbox"/>
13) Loss or serious impairment of a paired organ (kidney, eye, lung, testes)	<input type="checkbox"/>	<input type="checkbox"/>
14) Known liver / spleen/ kidney enlargement / mononucleosis / hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent: _____ Date: _____

Physical Exam (to be completed by physician)

Blood pressure		Dentition	
Lungs		Heart	
Murmur?		Change with Valsava?	
Abdomen – Organ Enlargement?		Testes	
Musculoskeletal		Skin	

Sports Participation Approved? YES NO

Signature of Physician: _____ Date: _____