

TRINITY CHRISTIAN SCHOOL
MEDICAL EXAMINATION FORM

STUDENT: _____
DATE OF BIRTH: _____

Instructions: A parent should fill out Part I and bring it to the doctor performing the physical examination, who will fill out Part II.

PART I MEDICAL HISTORY QUESTIONNAIRE (TO BE FILLED OUT BY PARENT)

	<u>Yes</u>	<u>No</u>	<u>Question</u>
1.	___	___	Has the student been medically advised not to participate in any sport? If Yes, set forth the reason(s) and what has been advised:
2.	___	___	Is the student under a physician's care at the present time? If Yes, set forth the reason(s):
3.	___	___	Has the student ever experienced a loss of consciousness after an injury? If Yes, set forth the details:
4.	___	___	Has the student ever experienced a fracture or dislocation? If Yes, set forth the details:
5.	___	___	Has the student ever undergone any surgery? If Yes, set forth the details:
6.	___	___	Does the student take any medication on a regular basis? If so, set forth the names of such medication, and the reasons for such medication:
7.	___	___	Does the student have allergies, including hives, asthma and reaction to bee stings? If Yes, set forth the details:
8.	___	___	Has the student ever experienced chest pains or palpitations? If Yes, set forth the details:
9.	___	___	Does the student have a recent history of fatigue and undue tiredness? If Yes, set forth the details:
10.	___	___	Does the student have a history of fainting with exercise? If Yes, set forth the details:
11.	___	___	Does the student have a history of a family member having sudden death? If Yes, set forth the details:

Parent/Guardian: Printed: _____

Signed: _____

Date: _____

PART II PHYSICAL EXAMINATION (TO BE FILLED OUT BY PHYSICIAN).

Height: _____ Weight: _____ Blood pressure: _____

Normal Abnormal If abnormal or a positive finding, explain in space at bottom of form

- 1. _____ Examination of the skin to determine the presence of infection, scars of previous surgery or trauma, jaundice and purpura.
- 2. _____ Examination of the eyes to determine visual acuity, use of eyeglasses, or contact lenses, and examination of the sclera for the presence of jaundice.
- 3. _____ Examination of the ears to determine the presence of acute or chronic infection, perforation of the eardrum and gross hearing loss.
- 4. _____ Examination of the nose to assess the presence of deformity which may affect endurance.
- 5. _____ Assessment of the neck to determine range of motion and the presence of pain associated with such motion.
- 6. _____ Examination of the chest contour.
- 7. _____ Auscultation and percussion of the lungs.
- 8. _____ Assessment of the heart with attention to the presence of murmurs, noting rhythm (_____)and rate (_____).
- 9. _____ Assessment of the abdomen with attention to the possible presence of hepatomegaly, splenomegaly or abnormal masses.
- 10. _____ Assessment of the back to determine range of motion and abnormal curvature of the spine.
- 11. _____ Examination of extremities to determine abnormal mobility or immobility, deformity, instability, muscle weakness or atrophy, surgical scars and varicosities.
- 12. _____ Examination of the testes to determine the presence and descent of both testes, abnormal masses or configurations, or hernia.
- 13. _____ Assessment of physical maturation.
- 14. _____ Neurological examination to assess balance and coordination and the presence of abnormal reflexes.

Set forth the details of any abnormal or positive findings here:

Number: Abnormal or Positive Findings (Use an additional sheet if necessary)

Based upon the history given by the parent/guardian, and upon my physical examination as detailed above, participation in athletics is: Approved: _____

Not Approved: _____ Reason: _____

Physician: Printed: _____ Signed: _____ Date _____