

BPCC PHYSICAL EVALUATION

Part I: ATHLETE INFORMATION

Date _____

Name _____ Grade _____ School _____

Gender _____ Age _____ DOB _____ SS# _____ Sport _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Other Phone _____

Parent's Name _____ Home Phone _____

Parent's Address _____ City _____ State _____ Zip _____

Part II. MEDICAL HISTORY

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes__ No__
Have you ever had surgery? Yes__ No__
2. Are you presently taking any medication or pills? Yes__ No__
3. Do you have any allergies (medicine, bees, or other stinging insects)? Yes__ No__
4. Have you ever passed out during or after exercise? Yes__ No__
Have you ever been dizzy during or after exercise? Yes__ No__
Have you ever had chest pain during or after exercise? Yes__ No__
Do you tire more quickly than your friends during exercise? Yes__ No__
Have you ever had high blood pressure? Yes__ No__
Have you ever been told that you have a heart murmur? Yes__ No__
Have you ever had racing of your heart or skipped heartbeats? Yes__ No__
Has anyone in your family died of heart problems or a sudden death before the age of 50? Yes__ No__
5. Do you have any skin problems (itching, rashes, acne)? Yes__ No__
6. Have you ever had a head injury? Yes__ No__
Have you ever been knocked out or unconscious? Yes__ No__
Have you ever had a seizure? Yes__ No__
Have you ever had a stinger or pinched nerve? Yes__ No__
7. Have you ever had heat or muscle cramps? Yes__ No__
Have you ever been dizzy or passed out in the heat? Yes__ No__
8. Do you have trouble breathing or do you cough during or after an activity? Yes__ No__
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.) Yes__ No__
10. Have you had any problems with your eyes or vision? Yes__ No__
Do you wear glasses or contacts or protective eyewear? Yes__ No__
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of bones or joints? Yes__ No__
__Head __Shoulder __Thigh __Neck __Elbow __Knee __Chest __Foot
__Forearm __Shin/calf __Back __Wrist __Ankle __Hip __Hand
12. Have you had any other medical problems (infectious, diabetes, etc.) Yes__ No__
13. Have you had a medical problem or injury since your last evaluation? Yes__ No__
14. When was your last tetanus shot? _____
When was your last measles shot? _____

Explain "Yes" answers:

Part III: PHYSICAL (To be filled out by the physician)

ALL BLANKS MUST BE COMPLETED

Weight _____ Height _____ Pulse _____ Blood Pressure _____ Eyes _____

LEGEND: =Normal x = Abnormal NE= Not Examined

General body build: % Body Fat = _____ Dominant Hand Grip Strength = _____

Joint Function: Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____

Spine _____ Hips _____ Knees _____ Ankles _____ Feet _____

EAR _____ NOSE _____ THROAT _____ LUNGS _____

HEART _____ CHEST _____ LIVER _____ SPLEEN _____ Abdominal
Masses _____

Neurological _____ Hernia _____ Genitalia _____

Description of abnormal findings:

Clearance: ___ A. Cleared

 ___ B. Cleared after completing evaluation/rehabilitation for: _____

 ___ C. Not cleared for: ___ Collision

 ___ Contact

 ___ Noncontact ___ Nonstrenuous ___ Moderate ___ Strenuous

Due to:

Recommendation:

Signature of Physician: _____ Date of Screening: _____

PART IV:

Waiver is understood that even though the athlete wears protective equipment the possibility of an accident still remains. Neither the NJCAA, Willis-Knighton Health Systems and its representatives, nor BPCC, assumes responsibility in case an accident occurs.

If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, physical therapist, school nurse, or school representative. I do hereby agree to and save harmless the school or any school representative, Willis-Knight Health System or any of its Representatives from any claim by any person on account of such care and treatment of said student Athlete.

If, between this date and the beginning of athletic competition, any illness or injury should occur that might limit this student participation, I agree to notify the school authorities of such illness or injury.

I HEREBY STATE THAT, I UNDERSTAND THAT THE PREPARTICIPATION PHYSICAL EXAMINATION IS NOT A SUBSTITUTE FOR THE ATHLETE'S REGULAR HEALTH MAINTENANCE EXAM, AND TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE CORRECT.

Date: _____

Signature of Athlete: _____

Signature of Parent/guardian: _____