

# 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:

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**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: \_\_\_\_\_