the BerkeleyCarroll School

Sports Physical Examination Form

Required to participate in team sports

Name _____
(Last) (First)

Address _____ Date of Birth _____

_____

Telephone _____ Emergency Telephone _____

Sport _____

Sport _____

Parental Premission: I have reviewed the Student's Medical History Section below and I agree with the answers.
I give permission for _____ to have a physical examination.
I understand that the Maturation Index is optional.

Date _____ Signature _____

Relationship _____

Clinician's Recommendations

Based on my review of the history and physical examination below, this student

(1) May participate in the following sports:
(Draw a line through any sports to be omitted)

Contact	Endurance	Other
Baseball	Cross Country	_____
Basketball	Fencing	_____
Football	Gymnastics	_____
Hockey	Handball	_____
Lacrosse	Swimming	_____
Soccer	Tennis	_____
Softball	Track & Field	_____
Wrestling	Volleyball	_____

(2) Special conditions for participation (e.g., pre-exercise medication or protective equipment), if any:

_____

_____

Date _____ Signature _____

Telephone _____ Name _____
Print

Registry # _____ Address _____

_____

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Student's Medical History

(to be filled out by student and parent)

Clinician's Comments

Has anyone in your family under age 45 died suddenly?	Yes ☐	No ☐
Have you ever had		
Concussion or been knocked out	Yes ☐	No ☐
Fainting?	Yes ☐	No ☐
Heat Stroke?	Yes ☐	No ☐
Epilepsy, seizures, or fits?	Yes ☐	No ☐
Head or neck injury?	Yes ☐	No ☐
Very bad vision in one or both eyes?	Yes ☐	No ☐
Do you wear glasses, contacts, other?	Yes ☐	No ☐
Have you ever had		
Hearing loss or deafness	Yes ☐	No ☐
Perforated ear drum or "tubes" in ears	Yes ☐	No ☐
Draining ears?	Yes ☐	No ☐
Have you ever had		
Sinus problems or hayfever?	Yes ☐	No ☐
Braces or removeable false teeth?	Yes ☐	No ☐
Have you ever had		
Any broken bones? _____	Yes ☐	No ☐
Dislocation or other serious problem?	Yes ☐	No ☐
Serious foot problem?	Yes ☐	No ☐
Back injury or frequent backaches?	Yes ☐	No ☐
Ankle or knee injury or problem?	Yes ☐	No ☐
Other joint problem?	Yes ☐	No ☐
Do you have a hernia?	Yes ☐	No ☐
Boys: Any problems with testicles?	Yes ☐	No ☐
Girls: Any menstrual problems?	Yes ☐	No ☐
Age at first menstrual period _____		
Do you miss school because of your period?	Yes ☐	No ☐
Have you ever had		
Diabetes?	Yes ☐	No ☐
Single illness for more than 10 days?	Yes ☐	No ☐
Any operations?	Yes ☐	No ☐
Easy bruising or bleeding tendency?	Yes ☐	No ☐
Anemia?	Yes ☐	No ☐
Asthma?	Yes ☐	No ☐
Bee sting allergy?	Yes ☐	No ☐
Other allergies (food or medicine)?	Yes ☐	No ☐
Heart trouble of murmurs?	Yes ☐	No ☐
High blood pressure?	Yes ☐	No ☐
Cough lasting more than 3 weeks?	Yes ☐	No ☐
Chest pain or faintness with exercise?	Yes ☐	No ☐
Kidney problems?	Yes ☐	No ☐
Skin infections?	Yes ☐	No ☐
Do you take any medicines?	Yes ☐	No ☐
Do you smoke?	Yes ☐	No ☐
Have you ever been told not to play any sport because of your health?	Yes ☐	No ☐

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Physical Examiniation

A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation.

Height _____
Weight _____
Pulse _____
Blood Pressure _____

Vision Uncorrected L20/_____ R20/_____
Vision Corrected: L20/_____ R20/_____

	Normal	Abnormal	Comments
Skin	_____	_____	
Eyes	_____	_____	
ENT	_____	_____	
Mouth & Teeth	_____	_____	
Neck	_____	_____	
Cardiovascular	_____	_____	
Lungs, Chest	_____	_____	
Spine	_____	_____	
Abdomen	_____	_____	
Genitalia (Hernia)	_____	_____	
Maturation Index	_____	_____	
Extremities			
Orthopedic	_____	_____	
Neuromuscular	_____	_____	

Other tests, if done (Lab, ECC, etc.) _____

Assessment:

Plan: