Upper Columbia Academy Varsity Sports & Gymnastics Athletic Participation Form

Part I – Athlete Information

(To be completed by athlete)

Name ____ School Year __________ Grade _______

Home Address ____

I am planning to participate in the following sports ____

Part II – Medical History

(This form must be completed by parent and athlete prior to the time of the physical exam and presented to the health care provider before the physical.)

Check the appropriate response to each item	Yes	No	Explain "Yes" Answer
1. Have you ever been hospitalized?	☐	☐	____________
Have you ever had surgery of any kind?	☐	☐	____________
2. Are you presently taking any medications or pills?	☐	☐	____________
3. Have you ever passed out during exercise?	☐	☐	____________
Have you ever been dizzy during or after exercise?	☐	☐	____________
Have you ever had chest pain during or after exercise?	☐	☐	____________
Have you ever had high blood pressure?	☐	☐	____________
Have you ever been told you had a heart murmur?	☐	☐	____________
Have you ever had racing of your heart?	☐	☐	____________
Has anyone in your family died of heart problems before 50?	☐	☐	____________
4. Do you have any skin problems? (itching, rash, acne)	☐	☐	____________
5. Have you ever had a head injury?	☐	☐	____________
Have you ever been knocked out or unconscious?	☐	☐	____________
Have you ever had a seizure or suffered from epilepsy?	☐	☐	____________
Have you ever had a stinger, burner or pinched nerve?	☐	☐	____________
6. Have you ever had heat related problems?	☐	☐	____________
Have you ever been dizzy or passed out in the heat?	☐	☐	____________
7. Do you cough heavily, or breathe heavily during activity?	☐	☐	____________
8. Do you use any special equipment (e.g. knee brace)?	☐	☐	____________
9. Have you had any problems with your eyes or vision?	☐	☐	____________
10. Have you ever sprained/strained, dislocated, fractured, broken,	☐	☐	____________
or had repeated swelling or other injuries of any bones?	☐	☐	____________
11. Are you missing one of any paired organs (e.g. eyes)	☐	☐	____________
12. Have you ever been diagnosed with any form of asthma?	☐	☐	____________
Are you using an inhaler for asthma?	☐	☐	____________
13. Are you diabetic?	☐	☐	____________
Do you administer insulin to yourself?	☐	☐	____________
14. Do you have a history of sickle-cell anemia in your family?	☐	☐	____________
15. Have you had any other medical problems?	☐	☐	____________
16. Have you had a medical problem or injury within the last year?	☐	☐	____________
17. When was your last tetanus shot?			____________
18. Do you want to lose or gain weight?	☐	☐	____________
Do you lose weight for your sport?	☐	☐	____________

Additional information about any "Yes" answers from questions 1 – 17 ____________________________________

____

Part III – Physical Examination

(To be completed by Health Care Provider)

Name ____ Date of Birth ___________________ Gender _______

Height __________ Weight __________ Blood Pressure __________/__________ Pulse __________

	Normal	Abnormal	Comment
Heart			
Rhythm (Reg/irreg)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdomen			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

I have reviewed the data above, reviewed the student's medical history and make the following recommendations on participation in athletics:

1. Cleared ____

2. Cleared after additional evaluation for ____

3. Restricted from participating in the sports of ____

4. Cleared to participate in the sports of ____

Recommendations ____

____

____

Signature of Health Care Provider Date

____

Name of Health Care Provider (please print)

____

Address Phone