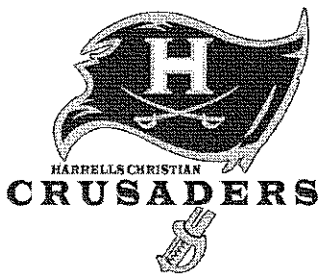

HARRELLS CHRISTIAN ACADEMY

SPORTS PHYSICAL EVALUATION FORM

Section I - Student Information (To be completed by the student athlete/parent of student athlete)

Student Athlete's Name: _____ Date of Birth: _____ / _____ / _____ Age: _____ Sex: _____

Grade in School: _____ Sport(s): _____

Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W:) _____ Phone (M): _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Health Care Provider: _____ Policy Number: _____

Section II - General Medical History (To be completed by student athlete/parent of student athlete)

Indicate if the student athlete or any member of the student athlete's family have or had the following illnesses or conditions by marking (S) for the student athlete, (F) for family (sibling or parent) and (B) for both in the appropriate box. Please include dates where appropriate:

Asthma		Heart Disorder	
Respiratory Disorder		Gastrointestinal Disorder	
Anemia (Sickle Cell)		Kidney/Genitourinary Disorder	
Hepatitis		Epilepsy or Convulsive Disorder	
Mononucleosis		Concussion Number: _____	
Diabetes		Frequent or Severe Headaches	
Thyroid Disorder		History of Fainting or Dizziness	
Osteoporosis/Osteopenia		Heat Stroke	
High Blood Pressure		Absence of Paired Organ (Eye, Kidney, etc.)	

Student Athlete's Medical:

If "yes" to any of the above, please explain: _____

_____

_____

Allergies: _____

_____

Please list any medication that you are currently taking by prescription or over-the-counter or using an inhaler: _____

_____

Do you wear protective or prescription lenses, eyeglasses, or contact lenses? _____

Have you ever been hospitalized? _____ Why? _____

Have you ever been denied athletic participation for medical reasons? _____ If yes, please explain: _____

_____

Date of most recent Tetanus or Booster: _____ / _____ / _____

Females only - are your menses monthly? _____

Parent's Signature: _____ Date: _____ / _____ / _____

HARRELLS CHRISTIAN ACADEMY

SPORTS PHYSICAL EVALUATION FORM

Section III - Orthopedic History (To be completed by student athlete/student athlete's parent)

Student athlete's name: _____

Include any major musculoskeletal injury to the following areas (include sprains, dislocations, fractures, and surgery):

Area	Right	Left	Date	Injury Type/Description
Foot				
Ankle				
Lower Leg				
Thigh				
Hip				
Spine				
Shoulder				
Upper Arm				
Forearm				
Wrist				
Hand				
Head				
Neck				
Other				

Do you have any other type of illness, injury, or condition that is being monitored by a doctor? _____ If yes, please explain:_____

Section IV - Pre-Sports Screening (To be completed by physician)

Blood Pressure: _____ Pulse: _____ Height: _____ Weight: _____

Eyes: PERRLA _____ Other _____

Heart Rhythm: NSR _____ Arrhythmia _____

Murmur: None _____ Functional _____ Other _____

Abdomen: No OMT _____ Other _____

Visual Screening: _____

Orthopedic Screening:

Knee	Rom/Stability	Normal
Ankle	Rom/Stability	Normal
Neck	Rom	Normal
Shoulder	Rom/Stability	Normal
Hamstring	Fingertip distance from the floor _____ inches	

Scholiosis Screening: Normal Other:_____

Doctor Recommendation:

_____ Cleared without limitation

_____ Not Cleared - Reason _____

Name of Physician (print): _____ Phone: _____

Signature of Physician: _____ Date of Examination: _____ / _____ / _____