BOSTON MOUNTAIN
RURAL HEALTH CENTER, INC.

Sports Physical Form

First Name: _____ **Last Name:** _____

DOB: _____ **Sex:** _____ **Social Security Number:**_____

Sport(s):_____

Note: Complete and sign this form (**with your parents if younger than 18**) before your appointment.

List past and current medical conditions:

_____

Have you ever had surgery? If yes, list all past surgical procedures:

_____

Medicines and supplements- List all current medications, over-the-counter medications, and supplements (herbal and nutritional):

_____

Do you have any allergies? If yes, list all of your allergies (i.e., medicines, pollens, foods, stinging insects):

_____

GENERAL QUESTIONS (Explain "YES" answers at the end of this form. **Circle** questions if you don't know the answer.)	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illnesses?		
HEART HEALTH AND ABOUT YOU	YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?		

HEART HEALTH AND ABOUT YOU (CONTINUED)	YES	NO
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?		

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RURAL HEALTH CENTER, INC.

HEART HEALTH AND ABOUT YOU (CONTINUED)	YES	NO
9. Do you get lightheaded or feel short of breath more than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**YES**	**NO**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before the age of 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPTV)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	**YES**	**NO**
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
16. Has the athlete sprained, strained, dislocated, fractured, broken, had repeated swelling, or had any other injury to bones, joints, or muscles?		
17. Has the athlete ever had heat or muscle cramps?		
18. Does the athlete use any special equipment? (Pads, braces, mouthguard, etc.)		

MEDICAL QUESTIONS	YES	NO
19. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
20. Are you missing a kidney, an eye, a testicle (males only), your spleen, or any other organ?		
21. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
22. Do you have any recurring skin, rashes, or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
23. Have you had a concussion or head injury that caused confusion, a prolonged headache, or other memory problems?		
24. Have you ever had high blood pressure?		
25. Have you ever been hospitalized?		
26. Do you tire more quickly than others during activity?		
27. Do you have asthma?		
28. Since your last medical evaluation, have you had any medical problems or injuries?		
29. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
30. Have you ever become ill while exercising in the heat?		

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MEDICAL QUESTIONS (cont.)	YES	NO		EXPLAIN ANY "YES" ANSWERS HERE
31. Do you or does someone in your family have sickle cell trait or disease?				
32. Have you ever had or do you have any problems with your eyes or vision?				
33. Do you worry about your weight?				
34. Are you trying to, or has anyone recommended that you gain or lose weight?				
35. Are you on a special diet, or do you avoid certain types of foods or food groups?				
36. Have you ever had an eating disorder?				
FEMALES ONLY	YES	NO		
37. Have you ever had a menstrual period?				
38. How old were you when you had your first menstrual period?				
39. When was your most recent menstrual period?				
40. How many periods have you had in the past 12 months?				

I hear by state that, to the best of my knowledge, my answers to the questions on this form are complete and correct. Additionally, I authorize BMRHC to release the requested sports physical records directly to my child's school district and to provide any necessary information to facilitate the transfer of my records.

Signature of athlete:_____

Signature of parent or guardian:_____

Date:_____

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EXAMINATION		
Height:_____	Weight:_____	B/P:_____
Pulse:_____	Vision: **R** 20/ **L** 20/ **Both:** 20/	Corrected: YES_____ NO_____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance: - Marfans stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes, ears, nose, mouth, and throat - Pupils equal, hearing		
Lymph nodes		
Heart* - Murmurs, auscultation standing, auscultation supine, Valsalva maneuver, edema Murmurs, auscultation, standing, auscultation, supine, and with Valsalva maneuver, edema, pulses		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), methicillin-resistant staphylococcus aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL		
Neck		
Back		
MUSCULOSKELETAL (Cont.)	NORMAL	ABNORMAL FINDINGS
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		

Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional: - Double-leg squat test/single-leg squat test/other		

*Consider electrocardiography (ECG), echocardiography (ECHO), or referral to a cardiologist for abnormal cardiac history or examination findings as indicated.

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for_____

☐ Not Cleared
☐ Pending further evaluation
☐ For any sports
☐ For certain sports_____

Reason:_____

Recommendations:_____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved, and the potential consequences are completely explained to the athlete, parents/guardians.

Name of Provider:_____

Address:_____

Signature of provider:_____ Date of exam:_____