

SCREENING EXAM FOR ATHLETIC PARTICIPATION

NAME _____ DATE _____
DATE OF BIRTH _____
ADDRESS _____
KNOWN ALLERGIES _____
DATE OF LAST TETNUS BOOSTER SHOT _____
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),
SUPPLEMENTS _____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

_____ Ongoing or chronic illness	_____ Surgery
_____ Hospitalized overnight	_____ Passed out or dizziness after exercise
_____ Chest pain during exercise	_____ Heart murmur
_____ High blood pressure	_____ Seizures
_____ Asthma	_____ Concussion or loss of consciousness
_____ Cough, wheezing, or trouble after or during exercise	
_____ Racing of your heart or skipped heartbeats	
_____ Family member or relative who died of heart disease or sudden death before age 50	
_____ Problems with eyes (decreased vision, eyeglasses, contact lenses)	
_____ Orthopedic injuries (sprains, fractures, ligament damage). Please describe:	

I certify that the above information is complete and correct.

Signature: _____ Date: _____

PHYSICAL EXAM BP _____ PULSE _____ HT _____ WT _____

Please check if ABNORMAL and explain:

_____ Eyes/ears/nose/throat	_____ Neck
_____ Lymph nodes	_____ Back
_____ Heart	_____ Shoulder/upper arm
_____ Pulses	_____ Elbow/forearm
_____ Lungs	_____ Wrist/forearm
_____ Abdomen	_____ Hip/upper leg
_____ Genitalia/hernia	_____ Knee
_____ Skin	_____ Lower leg/ankle/foot

EXPLANATION OF ABNORMALS: _____

_____ Cleared for all athletic activities
_____ Not cleared for all athletic activities

Reason _____

Restrictions/Recommendations: _____

Signature of Examiner: _____ Date: _____

Printed name of Examiner _____

Address of Examiner _____

** This exam must be conducted within one year prior to the start of the camp.

INSURANCE INFORMATION **(parent/guardian please fill out)**

SUBSCRIBER: _____ RELATIONSHIP TO CAMPER: _____

SUBSCRIBER'S DATE OF BIRTH _____ SUBSCRIBER'S EMPLOYER: _____

NAME OF INSURANCE COMPANY: _____

CLAIMS MAILING ADDRESS: _____

POLICY NUMBER: _____ GROUP NUMBER _____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Parent/Guardian Signature _____

_____ Date