PHYSICAL EXAM FORM FOR SPORTS PARTICIPATION- GREENWICH SCHOOLS

Health History (To be completed by Parent/Guardian)

Student's Name Address School Sports Being Played (1) (2) (3) All questions must be answered. All "Yes" answers must be explained in the space provided below. Use additional sheet if necessary Yes No Yes No Rheumatic Fever Allergy - Epipen: Yes or No (circle) ☐ Mononucleosis Head Injury, Concussion, Loss of Consciousness ☐ Frequent Headaches, Dizziness, Fainting Hepatitis Asthma Inhaler, Yes or No (circle) ☐ Visual Impairment ☐ Recent Viral Illness Eye Injury, Retinal Detachment ☐ Eyeglasses, Contact Lenses Heat Stroke, Heat Exhaustion Orthopedic Injury, i.e., Knee, Ankle, Shoulders ☐ Frequent Nose Bleeds Broken Bones Hearing Impairment Neck, Spine, or Low Back Injury Dental Bridge, Plate, Braces ☐ Heart Problem, Murmur, Arrhythmia Scoliosis Hospitalizations ☐ High Blood Pressure Surgery ☐ Chest Pain, Fainting During Exercise Death of Family Member Younger Than 40 Cough, Wheeze, Shortness of Breath Years of Age Due to Illness with Exercise or Cold Weather Skin Disorder Heart Attack or Stroke of Family Member Younger Than 50 Years of Age Medications at Present ☐ Gastrointestinal Problems Missing Organs ☐ Kidney, Urinary Tract Problems Menstrual Disturbance Chronic or Recurrent Illness Other Information ☐ Blood Clotting Disorder I give permission for release of appropriate information from this sports form to the coach and his/her staff for maintenance of a healthy and safe environment while participating in the sports program. (I will update as appropriate during the school year). In addition, I am aware of the risk inherent in athletics and hereby give permission for my child to tryout. Date Signature of Parent or Guardian

PLEASE HAVE PHYSICIAN COMPLETE REVERSE SIDE. 9/00 - revised 5/15/01

Student's Name			D.O.B	□ ?	Male D Female
		PHYSICIAN'S	EXAM		
HeightW	eight	_Blood Pressure		_Spinal Curvature	
Last Tetanus toxoid boos	ter was on				
		*.			
Physical Evaluation	*				
I find this stud	lent physically qu	salified to participa	te in <u>ALL</u> superv	ised sports.	-
This student sh	ould have the foll	lowing problems ev	aluated prior to p	participation in AN	Y competitive
					,
This student competitive athletics.		blems, which wou			oating in specific
Badminton	Fencing	Ice Hockey		Soccer	Volleyball
Baseball	Field Hockey		ζ	Softball	Water Polo
Basketball Cheer Lading	Football Golf	Lacrosse Rugby		Swimming Tennis	Wrestling Other
Cross Country	Gymnastics	Skiing		Track	
In addition to reviewing complete Physical Exam					
IN ORDER FOR THI PERFORMED WITHI SPORT.					
8.00					
Signature of Physician	Date of	Exam	elephone	Physician (S	tamp)
Please return to the Pu	blic Health Nurse	in your child's sch	ool by the first d	ate of tryouts for th	at sport.
No.					
			Form	reviewed by :	PHN (Initials)
Rev. 9/00 - revised 5/15	5/01				

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