

Julian Woods Athletics Sports Physical Form

Contact Info

Name: _____ Gender: M / F

Date of Birth: _____ / _____ / _____

Father's Name: _____

Daytime phone, pager, cell phone: _____

Mother's Name: _____

Daytime, phone, pager, cell phone: _____

Street address:

City: _____ State: _____ Zip Code: _____

Home phone: _____

Alternate Emergency Contact Person: _____ Relation: _____

Daytime phone: _____

Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc.:

Medical History

Athletes and Parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination (please circle one).

1) Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?

YES NO Don't Know

2) Has the athlete ever stopped exercising because of dizziness or passed out during exercise?

YES NO Don't Know

3) Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?

YES NO Don't Know

4) Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?

YES NO Don't Know

5) Does the athlete have a history of concussion (getting knocked out)?

YES NO Don't Know

6) Has the athlete ever suffered a heat-related illness (heat stroke)?

YES NO Don't Know

- 7) Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
YES NO Don't Know
- 8) Does the athlete take any medication(s)?
YES NO Don't Know
- 9) Is the athlete allergic to any medications or bee stings?
YES NO Don't Know
- 10) Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries)
YES NO Don't Know
- 11) Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition?
YES NO Don't Know
- 12) Has the athlete had surgery or been hospitalized in the past year?
YES NO Don't Know
- 13) Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?
YES NO Don't Know
- 14) Are you, the athlete, worried about any problem or condition at this time?
YES NO Don't Know

Please give details on any "YES" answer from the above health history.

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN