

HURON VALLEY SCHOOLS

Name: _____ School: _____ Age: _____
 Address: _____ Phone: _____ Grade: _____
 Sports: _____ Male Female Birth date: ___/___/___

HISTORY: Please fill out #1 thru #8 before physical

- Have you ever been unable to participate in sports due to illness or injury?
 Yes No If yes, explain _____
- Do you take any medications regularly?
 Yes No What? _____
- Do you have any Allergies?
 Yes No What? _____
- Immunizations up to date? Yes No
- Have you ever had any injury to, pain or swelling in any of the following?
 Shoulders Arm Wrists Hands Legs Knees Ankles
- Family History: Have any blood relatives had:

CHECK EACH ITEM:	YES	NO	EXPLAIN
Diabetes			
Heart Trouble			
Stroke or High Blood Pressure			
Asthma or Allergies			
Blood diseases or Cancer			

7. List all Operations and/or Hospitalizations	Year

- | | | |
|---|--------------------------|--------------------------|
| 8. Have you ever had or have now: | Yes | No |
| Seizures | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes (sugar in urine) | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Trouble, chest pains, murmur | <input type="checkbox"/> | <input type="checkbox"/> |
| Lung problems: difficulty breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia | <input type="checkbox"/> | <input type="checkbox"/> |
| Worn glasses or contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| Back pain | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Fractured any bone..... | <input type="checkbox"/> | <input type="checkbox"/> |

<u>FLEXIBILITY</u>	Normal	Abnormal
Sit & Reach	<input type="checkbox"/>	<input type="checkbox"/>
Calf	<input type="checkbox"/>	<input type="checkbox"/>
Quads	<input type="checkbox"/>	<input type="checkbox"/>

<u>KNEE</u>		
Ligament stability R/L	<input type="checkbox"/>	<input type="checkbox"/>
ACL, PCL, MCL, LCL	<input type="checkbox"/>	<input type="checkbox"/>
Chondromalacia	<input type="checkbox"/>	<input type="checkbox"/>
Patellar alignment	<input type="checkbox"/>	<input type="checkbox"/>
Meniscus R/L Med/Lat	<input type="checkbox"/>	<input type="checkbox"/>

<u>ANKLE</u>		
Ligament stability R/L	<input type="checkbox"/>	<input type="checkbox"/>
Ant. Drawer	<input type="checkbox"/>	<input type="checkbox"/>
Supination	<input type="checkbox"/>	<input type="checkbox"/>
Pronation	<input type="checkbox"/>	<input type="checkbox"/>

<u>SHOULDER</u>		
R.O.M	<input type="checkbox"/>	<input type="checkbox"/>
Strength	<input type="checkbox"/>	<input type="checkbox"/>
Impingement sign	<input type="checkbox"/>	<input type="checkbox"/>
Apprehension	<input type="checkbox"/>	<input type="checkbox"/>
Supraspinatus Test	<input type="checkbox"/>	<input type="checkbox"/>

<u>POSTURE</u>		
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>
Kyphosis	<input type="checkbox"/>	<input type="checkbox"/>
Lordosis	<input type="checkbox"/>	<input type="checkbox"/>
Leg Length	<input type="checkbox"/>	<input type="checkbox"/>

<u>GENERAL</u>		
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

1. Height: _____ Weight: _____
 2. Blood Pressure: _____ Pulse: _____ Both 20/200 100 70 50 40 30 20
 3. Vision: () Abnormal () Normal Right 20/200 100 70 50 40 30 20
 Acuity: () Uncorrected () Corrected Left 20/200 100 70 50 40 30 20

Physician Remarks/Recommendations: _____

Permission granted to conduct a sports physical examination on behalf of my son/daughter

 (Parent signature) (date)

 PHYSICIAN'S SIGNATURE DATE

SECTION II – PARENT/GUARDIAN APPROVAL - To be completed by parent or guardian

I hereby give my consent for the above named student to engage in interscholastic athletics at the above school during the current school year and to accompany the team as a member on its out-of-town trips. The school is not liable for injuries or the cost of medical care resulting from these injuries.

I give my permission for immediate medical attention by a physician when in attendance at the athletic contest.

We carry personal accident or health Insurance

Yes _____ No _____ Name of Company _____
Policy Number _____

I have read and am aware of the District Policies: 1) Extra Curricular Code of Conduct, 2) Student Attendance Procedures Rules and Regulations and 3) Specific Team Rules.

My consent for the above named student to engage in interscholastic athletics is given with my complete knowledge and understanding of the risk of serious personal injuries associated with participation therein.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



SECTION III – STUDENT APPLICATION - To be completed by the student athlete

This application to participate in athletics at the above named school is totally voluntary on my part. I have read the 1) Extra Curricular Code of Conduct, 2) Student Attendance Policy and the Districts' Student Code, and am fully aware of my responsibilities relative to the codes.

I fully understand and appreciate the risk of serious personal injuries associated with my participation in interscholastic athletics.

SIGNATURE OF STUDENT: _____ DATE: _____