Fairbanks North Star Borough School District

SPORTS PHYSICAL FORM

PART A: To Be Filled Out by the Athlete

Name: ______________________ School: ______________ Grade: ________

Address: ______________________________ Phone Number: ________________

Date of Birth: __________ Age: ________ Name of Parents: ____________________

Sport (s): ______________ Position (s): ______________ Coach (es): __________

Please Check if you have had any problems in the following areas:

______	Concussion, "Knocked Out"	______	Neck Injury	______	Back Injury, Pain
______	Shoulder Injury	______	Arm, Elbow, Hand Injury	______	Knee Injury, Popping
______	Groin, Thigh, Leg Injury	______	Ankle, Foot Injury	______	Swelling, Pain, Locking or giving way

Yes	No	
______	______	Have any members of your family under the age of 40 had a "heart attack" or sudden death?
______	______	Have you ever had chest pain while exercising or passed out?
______	______	Do you have coughing, wheezing, or severe shortness of breath with exercise?
______	______	Are you taking any medication?
______	______	Do you have any allergies?
______	______	Have you had ear problems or difficulty hearing?
______	______	Do you wear glasses or contact lenses?
______	______	Have you ever had any discomfort in your groin (hernia)?
______	______	Have you ever had any illness or injuries that required hospitalization, surgery, or repeated visits to the doctor?

PART B: To Be Filled Out by the Physician

Height: ______________ Weight: ______________ Blood Pressure: ______________

Eye: R 20/ ________ L 20/ ________ Ears: ________ Skin: ________ Lungs: ________

Heart: ________ Abdomen: ________ Neurologic: ________ Urinalysis (if indicated): ________

<u>MEDICAL FINDINGS</u>

______

<u>RECOMMENDATIONS</u>

______ Follow up with athlete's physician

______ Other

MUSCULOSKELETAL

______ Neck Weakness

______ Shoulder Weakness

______ Shoulder Injury

______ Scoliosis

______ Tight Hamstring

______ Tight Groin Muscle

______ Worn Knee Cap

______ Knee Injury; ligament, cartilage

______ Tight Achilles Tendon

______ Weak Ankles

RECOMMENDATIONS

______ Strengthening Exercises, Neck

______ Neck Roll (equipment)

______ Strengthening Exercises, Shoulder

______ Hamstring Stretching

______ Groin Stretching

______ Quadriceps Strengthening

______ Knee Brace

______ Achilles Stretches

______ Strengthening Exercises, Ankles

______ Tape or Wrap Ankles

______ Referral to Orthopedist

______ Referral to Athletic Trainer

______ Other

I certify on this date I have examined and find him/her physically able to compete in supervised activities with restrictions as noted:

Restrictions: ____

PHYSICIAN'S SIGNATURE: ______________________________ DATE: ______________

PHYSICIAN'S NAME (Please print) ______________________________