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 Filed Out by the Physician**

Height: ____________________ Weight: ____________________ Blood Pressure: ____________________

Eye: R 20/__________ L20/__________ Ears __________ Skin: __________ Lungs: __________

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

MEDICAL FINDINGS

_____

RECOMMENDATIONS

_____ 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: ____

PHYSICAN'S SIGNATURE : ____________________ DATE: __________

PHYSICAN'S NAME (Please print) ____________________

Return completed original form to the school.

6/23/16