

Physical Evaluation Form

Athlete's Name: _____ **Age:** _____ **Sex:** _____

*This is a screening examination for participation in sports. **This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: _____

Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician Assistant)

Athlete's Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ (____ % ile) / _____ (____ % ile) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS/COMMENTS
1. GENERAL			
2. HEENT			
3. CARDIO			
Hearth Rate			
Rhythm			
Murmur			
4. LUNGS			
5. ABDOMEN (liver, spleen, masses)			
6. PULSES:			
Upper extremities			
Lower extremities			
7. NECK/BACK/SPINE:			
Range of Motion			
Scoliosis			
8. MUSCULOSKELETAL			
Upper extremities			
Lower extremities			
9. Other Orthopedic Problems			
10. Evidence of MARFAN Syndrome			

MEDICAL CERTIFICATE

I, _____, duly licensed to practice medicine in Puerto Rico, certify that I have examined
_____ and find him physically fit to play football.

Date _____ Signature _____ License No. _____

**NOTE: FALSIFYING INFORMATION ON THIS FORM WILL LEAD TO LEGAL REPERCUSSIONS
MEDICAL CERTIFICATE MUST BE DATED AFTER AUGUST 15, 2013.**