



TACOMA BAPTIST JR/SR HIGH SCHOOL

Physical History & Examination Form

Name: _____ Birth Date: _____ Exam Date: _____
Last First

Address: _____ City: _____ Zip: _____

History

Yes No

1. ___ ___ Have you had any illness/injury recently, or do you have an illness/injury now?
 - a. ___ ___ Have you had a medical problem, illness or injury since your last exam?
 - b. ___ ___ Do you have any chronic or recurrent illness?
 - c. ___ ___ Have you ever had any illness lasting more than a week?
 - d. ___ ___ Have you ever been hospitalized overnight?
 - e. ___ ___ Have you had any surgery other than tonsillectomy?
 - f. ___ ___ Have you ever had any injuries requiring treatment by a physician?
 - g. ___ ___ Do you have any organ missing other than tonsils? (appendix, eye, kidney, etc.)?
2. ___ ___ Are you presently taking ANY medications (including birth control pills, vitamins, aspirin, etc.)?
3. ___ ___ Do you have ANY allergies (medicines, bees, foods, or other factors)?
4. ___ ___ Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
 - a. ___ ___ Do you tire more easily or quickly than your friends during exercise?
 - b. ___ ___ Have you ever had any problem with your blood pressure or your heart?
 - c. ___ ___ Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5. ___ ___ Do you have any skin problems (acne, itching, rashes, etc.)?
6. ___ ___ Have you ever had fainting, convulsions, seizures or severe dizziness?
 - a. ___ ___ Do you have frequent severe headaches?
 - b. ___ ___ Have you ever had a "stinger" or a "burner" or a "pinched nerve"?
 - c. ___ ___ Have you ever been "knocked out" or "passed out"?
 - d. ___ ___ Have you ever had a neck or head injury?
7. ___ ___ Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
8. ___ ___ Have you had asthma, or trouble breathing, or cough during or after exercise?
9. ___ ___ Do you wear eyeglasses, contact lenses or protective eye wear?
 - a. ___ ___ Have you had any problem with your eyes or vision?
10. ___ ___ Do you wear any dental appliance such as braces, bridge, plate, or retainer?
11. ___ ___ Have you ever had a knee injury?
 - a. ___ ___ Have you ever had an ankle injury?
 - b. ___ ___ Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
 - c. ___ ___ Have you ever had a broken bone (fracture)?
 - d. ___ ___ Have you ever had a cast, splint, or had to use crutches?
 - e. ___ ___ Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12. ___ ___ Has it been more than 5 years since your last tetanus booster shot?
13. ___ ___ Are you worried about your weight?
14. ___ ___ FEMALES: Have you had any menstrual problems?
15. ___ ___ Have you any medical concerns about participating in your sport?

*****ATHLETE SHOULD NOT WRITE BELOW THIS LINE*****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

TACOMA BAPTIST PHYSICAL EXAMINATION FORM

Name: _____
Last First

Age: _____ Pulse: _____

(Optional)

Height: _____ Blood Pressure: _____

Body Fat %

Weight: _____ Visual Acuity: Left 20/_____
 Right 20/_____

HCT:

EST VO2 Max:

Audiometry:

Normal

Abnormal

Notes

_____	1. Head	_____	_____
_____	2. Eyes (pupils), ENT	_____	_____
_____	3. Teeth	_____	_____
_____	4. Chest	_____	_____
_____	5. Lungs	_____	_____
_____	6. Heart	_____	_____
_____	7. Abdomen	_____	_____
_____	8. Genitalia	_____	_____
_____	9. Neurologic	_____	_____
_____	10. Skin	_____	_____
_____	11. Physical Maturity	_____	_____
_____	12. Spine, Back	_____	_____
_____	13. Shoulders, Upper extremities	_____	_____
_____	14. Lower extremities	_____	_____

Assessment: _____ Full participation
 _____ Limited participation (describe limitations, restrictions):

_____ Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

EXAM DATE _____ EXAMINER'S SIGNATURE _____

EXAMINER'S PHONE _____ PRINT EXAMINER'S NAME _____