

SAGE CREEK HIGH SCHOOL
Physical Exam / Athletics Eligibility Form

Student Name: _____ Parent Name: _____

DOB: _____ Student ID #: _____ Graduating Year: _____

Address: _____ Phone #: _____

MEDICAL HISTORY: (to be completed by parent / guardian)

	Yes	No		Yes	No
Family history of sudden death before age 50?			Dental Implants?		
Chronic/recurrent illness?			Cough/pain?		
Hospitalization?			Problems with blood pressure?		
Surgery other than tonsils?			Problems with heart murmurs?		
Injuries treated by doctor?			Problems with liver, kidney, spleen?		
Current medications?			Hernia?		
Missing organs?			Recurrent skin disease?		
Heat stroke/exhaustion?			Bone/joint injury?		
Dizziness/fainting?			Sprain/dislocation?		
Convulsions?			Allergic to any medications?		
Knocked out/concussion?			Injury causing missed practice or game time?		
Glasses or contact lenses?			Hearing defects/deficiency?		
Tetanus shot in last 10 years?					

If you answered YES to any of the above, please explain here: _____

EXAM (to be completed by physician):

Height: _____ Weight _____ Pulse _____ Blood Pressure: _____

Medical	Norm	ABN	Musculoskeletal	Norm	ABN
Appearance			Neck		
Eye/Ear/Nose/Throat			Back		
Lymph Nodes			Shoulder/Arm		
Heart			Elbow/Forearm		
Pulse			Wrist/hand		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitalia			Leg		
Skin			Foot/Ankle		

Physician Name: _____ Phone #: _____

Physician Signature: _____ Date: _____

Student is CLEARED: _____ NOT CLEARED: _____ for participation in sports.