PHYSICAL EXAMINATION UPDATE
(Statement for Continued Participation)

Name _____ Phone _____

Address _____
Street City State Zip

School Northwest Christian High School Grade 9 10 11 12
(circle one)

WIAA Regulation—PHYSICAL EXAMINATION—Prior to the first practice for participation in interscholastic athletics in a high school, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but not be limited to:

A. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation therefrom.
B. Documentation of satisfactory examination of the cardiopulmonary system.
C. Documentation of satisfactory sport specific orthopedic screening examination.
D. A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestion for activity modification if necessary.

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EXAMINER'S CERTIFICATION:

Date of last complete physical examination _____

I hereby certify that the above named individual's physical condition is adequate to participate in supervised interscholastic activities NOT CROSSED OUT BELOW:

BASEBALL	BASKETBALL	CROSS COUNTRY	DANCE/DRILL	FOOTBALL
GOLF	GYMNASTICS	SOCCER	SOFTBALL	SPIRIT
SWIMMING	TENNIS	TRACK	VOLLEYBALL	WRESTLING

OTHER _____

_____ _____
Date Examiner's Signature

_____
Examiner's Name (Print)

MEDICAL AUTHORITIES LICENSED TO GIVE PHYSICAL EXAMINATIONS

1. Medical Doctor (MD)
2. Doctor of Osteopathy (D.O.)
3. Certified Nurse Practitioner (CRN)
4. Medics—Physician Assistant (P.A.)
5. Naturopaths (N.D.)

PHYSICAL EXAMINATION

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/ _____

Right 20/ _____

Optional

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

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

Assessment: r Full-participation

r Limited participation (describe limitations, restrictions):

_____

_____

r Participation contraindicated (list reasons):

_____

_____

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

_____

DATE: _____ EXAMINER'S SIGNATURE: _____

EXAMINER'S PHONE: _____ PRINT EXAMINER'S NAME: _____

PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

This form is not required as long as the conditions of 18.13.0 are met

Name: _____ Birth Date: _____ Exam Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Sport: _____

HISTORY

	Yes	No	
1. a.	r	r	Have you had any illness/injury recently, or do you have an illness/injury?
b.	r	r	Have you had a medical problem, illness or injury since your last exam?
c.	r	r	Do you have any chronic or recurrent illness?
d.	r	r	Have you ever had any illness lasting more than a week?
e.	r	r	Have you ever been hospitalized overnight?
f.	r	r	Have you ever had any surgery other than tonsillectomy?
g.	r	r	Have you ever had any injuries requiring treatment by a physician?
h.	r	r	Do you have any organs missing other than tonsils (appendix, eye, kidney, testicle, etc?)
2.	r	r	Are you presently taking ANY medications (including birth control, vitamin, aspirin, etc?)
3.	r	r	Do you have ANY allergies (medications, bees, foods, or other factors?)
4 a.	r	r	Have you ever had chest pain, dizziness, fainting, passing out during or after an exercise?
b.	r	r	Do you tire more easily or quickly than your friends during an exercise?
c.	r	r	Have you ever had any problem with your blood pressure or your heart?
d.	r	r	Have any close relatives had heart problems, heart attack, or sudden death before they were age 50?
5.	r	r	Do you have any skin problems (acne, itching, rashes, etc)?
6. a.	r	r	Have you ever had fainting, convulsions, seizures or severe dizziness?
b.	r	r	Do you have frequent severe headaches?
c.	r	r	Have you ever had a "stinger" or "burner" or "pinched nerve"?
d.	r	r	Have you ever been "knocked out" or "passed out"?
e.	r	r	Have you ever had a neck or head injury?
7.	r	r	Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
8.	r	r	Have you had asthma, or trouble breathing, or cough during or after exercise?
9. a.	r	r	Do you wear eyeglasses, contact lenses, or protective eyewear?
b.	r	r	Have you had any problems with your eyes or vision?
10.	r	r	Do you wear any dental appliance such as braces, bridge, plate, or retainer?
11.a.	r	r	Have you ever had a knee injury?
b.	r	r	Have you ever had an ankle injury?
c.	r	r	Have you ever injured any other joint (shoulder, wrist, fingers, etc)?
d.	r	r	Have you ever had a broken bone (fracture)?
e.	r	r	Have you ever had a cast, splint, or had to use crutches?
f.	r	r	Must you use special equipment for competition (pads, braces, neck roll, etc)?
12.	r	r	Has it been more than 5 years since your last tetanus booster shot?
13.	r	r	Are you worried about your weight?
14.	r	r	FEMALES: Have you any menstrual problems?
15.	r	r	Have you any medical concerns about participating in your sport?

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

EXAMINER'S COMMENT ON ALL "YES" ANSWERS (refers to question #):_____

_____

_____

_____