



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.

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



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. Have you had any illness/injury recently, or do you have an illness/injury?
- b. Have you had a medical problem, illness or injury since your last exam?
- c. Do you have any chronic or recurrent illness?
- d. Have you ever had any illness lasting more than a week?
- e. Have you ever been hospitalized overnight?
- f. Have you ever had any surgery other than tonsillectomy?
- g. Have you ever had any injuries requiring treatment by a physician?
- h. Do you have any organs missing other than tonsils (appendix, eye, kidney, testicle, etc?)
- 2. Are you presently taking ANY medications (including birth control, vitamin, aspirin, etc?)
- 3. Do you have ANY allergies (medications, bees, foods, or other factors?)
- 4. a. Have you ever had chest pain, dizziness, fainting, passing out during or after an exercise?
- b. Do you tire more easily or quickly than your friends during an exercise?
- c. Have you ever had any problem with your blood pressure or your heart?
- d. 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. a. Have you ever had fainting, convulsions, seizures or severe dizziness?
- b. Do you have frequent severe headaches?
- c. Have you ever had a "stinger" or "burner" or "pinched nerve"?
- d. Have you ever been "knocked out" or "passed out"?
- e. 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. a. Do you wear eyeglasses, contact lenses, or protective eyewear?
- b. Have you had any problems with your eyes or vision?
- 10. Do you wear any dental appliance such as braces, bridge, plate, or retainer?
- 11.a. Have you ever had a knee injury?
- b. Have you ever had an ankle injury?
- c. Have you ever injured any other joint (shoulder, wrist, fingers, etc)?
- d. Have you ever had a broken bone (fracture)?
- e. Have you ever had a cast, splint, or had to use crutches?
- f. 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 any menstrual problems?
- 15. 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 #): _____
