

**DIOCESE OF LITTLE ROCK
PAROCHIAL LEAGUE
Medical Evaluation for Participation in Sports**

Last Name _____ First Name _____ Middle Initial _____ School _____ Class (Ex. 6A) _____

Age _____ Race: ___ Black ___ White ___ Other Sex: ___ Male ___ Female

Health History (To be completed by student and parents prior to examination.)

- | | |
|---|--|
| <p>YES NO Has this student had any:</p> <p>1. _____ Chronic or recurrent illness?</p> <p>2. _____ Illness lasting over 1 week?</p> <p>3. _____ Hospitalizations?</p> <p>4. _____ Surgery other than tonsillectomy?</p> <p>5. _____ Missing organs (eye, kidney, testicle)?</p> <p>6. _____ Allergy to medication?</p> <p>7. _____ Problems with heart or blood pressure?</p> <p>8. _____ Chest pain with exercise?</p> <p>9. _____ Dizziness or fainting with exercise?</p> <p>10. _____ Dizziness, fainting, frequent headaches, or convulsions?</p> <p>11. _____ Concussion or unconsciousness</p> <p>12. _____ Heat exhaustion, heatstroke, or other problems with heat?</p> <p>YES NO Does this student:</p> <p>13. _____ Wear eyeglasses or contact lens?</p> <p>14. _____ Wear dental bridges, braces, plates</p> <p>15. _____ Take any medication?</p> | <p>YES NO Is there any history of:</p> <p>16. _____ Injuries requiring MD treatment?</p> <p>17. _____ Neck injury?</p> <p>18. _____ Knee injury?</p> <p>19. _____ Knee surgery?</p> <p>20. _____ Ankle injury?</p> <p>21. _____ Other serious joint injury?</p> <p>22. _____ Broken bone (fracture)?</p> <p>YES NO Further history</p> <p>23. _____ Is there any reason why this student should not participate in sports?</p> <p>24. _____ Has any family member died suddenly at less than 40 years of age of causes other than an accident?</p> <p>25. _____ Has any family member had a heart attack at less than 55 years of age?</p> |
|---|--|

Date of last known tetanus (lockjaw) shot: _____

*Use this space to explain any of the above numbered **YES** answers or to provide any additional information:*

Students participating in athletics must be covered by insurance. Please fill out:

Name of Insurance _____

Policy No. _____

Parochial League Physical Form

Student's Name _____

Birthdate _____

Physical Examination

Date of Exam _____

Height _____

Weight _____

Pulse Rate _____

Blood Pressure _____ / _____

Vision: Right _____ / _____ without corrective lens

Check One:

with corrective lens

Left _____ / _____ without corrective lens

with corrective lens

	Normal	Abnormal	Not Examined	Comments	Examiner
1. Eyes					
2. Ears, Nose, Throat					
3. Mouth and Teeth					
4. Neck (soft tissue)					
5. Cardiovascular					
6. Chest and Lungs					
7. Abdomen					
8. Genitalia-hernia					
9. Sexual maturity					
10. Skin and Lymphatic					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms and Hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation Recommendations:

No history or physical findings on this exam would prohibit the student from participating in the following requested sports: _____

This student should have the following health problems evaluated or treated before participation recommendations can be made: _____

This student has health problems that prohibit him/her from participating in the requested sports: _____
however, this student can participate in the following requested sports: _____

Physician

Physicals must be performed within a year of participation in a sport.