

PHYSICAL EVALUATION FORM

Athlete's Name: _____ **Age:** _____ **Sex:** _____

This is a screening examination for participation in sports. **This does not substitute for a comprehensive examination** with your child's regular physician where important preventive health information can be covered.

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parents or Legal Custodian Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or know the answer to a question, please ask your doctor. Not disclosing accurate information may put your child's health at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Do Not Know" answers. Please mark with an "X" your answers below.

EXPLAIN "YES" ANSWERS ON THE SPACE PROVIDED BELOW	YES	NO	DON'T KNOW
1. Does the athlete have any chronic medical illnesses (diabetes, asthma (exercise asthma), kidney problems, etc...)? If YES , please list below.			
2. Is the athlete presently taking any medications or pills?			
3. Does the athlete have any allergies (medicines, bees or other stinging insects, latex, etc...)?			
4. Does the athlete have sickle cell trait?			
5. Has the athlete ever had a head injury, been knocked out or had a concussion?			
6. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?			
7. Has the athlete ever fainted or passed out AFTER exercise?			
8. Has the athlete ever has trouble breathing during exercise or a cough with exercise?			
9. Has a doctor ever ordered an EKG or other related test for the athlete's heart, or has the athlete ever been told they have a murmur?			
10. Has the athlete ever had discomfort, pain or pressure in his chest during or after exercise, or complained of their heart "racing" or "skipping beats"?			
FAMILY HISTORY			
11. Has any family member had a sudden, unexpected death before the age of 50 (including sudden infant death syndrome (SIDS), car accident, drowning)?			
12. Has any family member had unexplained heart attacks, fainting or seizures?			

Please, elaborate on any **YES** answers:

PHYSICAL EXAMINATION

MUST BE COMPLETED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER OR

PHYSICIAN ASSISTANT

Athlete's Name: _____ **Age:** _____

Date of Birth: _____

Height: _____ **Weight:** _____

BP _____ (_____% ile)/ _____ (_____% ile) **Pulse:** _____

Vision: R 20/____ L20/____ **Corrected:** Y/ N

REQUIRED ELEMENTS FOR ALL EXAMINATIONS

	NORMAL	ABNORMAL	ABNORMAL FINDINGS/COMMENTS
1. GENERAL			
2. HEENT			
3. CARDIO			
Heart Rate			
Rhythm			
Murmur			
4. LUNGS			
5. ABDOMEN (Liver, Spleen, Masses)			
6. PULSES:			
Upper Extremities			
Lower Extremities			
7. NECK/BACK/SPINE:			
Range of Motion			
Scoliosis			
8. MUSCULOSKELETAL			
Upper Extremities			
Lower Extremities			
9. Other Orthopedic Problems			
10. Evidence of MARFAN Syndrome			

MEDICAL CERTIFICATE

I, _____, duly licensed to practice medicine in Puerto Rico, certify that I have examined _____ and find him/her physically fit to play football.

Date _____ **Signature** _____ **License No.** _____

NOTE: FALSIFYING INFORMATION ON THIS FORM WILL LEAD TO LEGAL REPERCUSSIONS