**Front and back must be completed.*

Preparticipation Physical Examination/Health History - Jackson Street School

Student Name: _____ Sex: _____ Age: _____ Grade: _____
Sports: _____ Birthdate: _____ Date of Exam: _____
Personal Physician: _____ Physician's Phone: _____

Parents and athletes - Please answer all questions together and explain "YES" answers below.

1.	Have you ever had surgery?	⬜YES ⬜NO
2.	Are you presently taking any medications or pills?	⬜YES ⬜NO
3.	Do you have any allergies (medicine, bees, stinging insects)?	⬜YES ⬜NO
4.	Have you ever passed out during or after an exercise?	⬜YES ⬜NO
5.	Have you ever been dizzy during or after exercise?	⬜YES ⬜NO
6.	Have you ever had high blood pressure?	⬜YES ⬜NO
7.	Have you ever been told that you have a heart murmur?	⬜YES ⬜NO
8.	Have you ever had racing of your heart or skipped beats?	⬜YES ⬜NO
9.	Have blood relatives died of heart problems before age 50?	⬜YES ⬜NO
10.	Have you ever been knocked out, even if only briefly?	⬜YES ⬜NO
11.	Have you ever had a seizure?	⬜YES ⬜NO
12.	Have you ever had a stinger or a pinched nerve?	⬜YES ⬜NO
13.	Have you ever been dizzy or passed out?	⬜YES ⬜NO
14.	Do you have trouble breathing or do you cough with exercise?	⬜YES ⬜NO
15.	Do you wear glasses or contacts?	⬜YES ⬜NO
16.	Have you ever had a broken bone, had to wear a cast, or had an injury to any joint?	⬜YES ⬜NO
17.	Have you ever had other medical problems (Mono, diabetes, etc.)?	⬜YES ⬜NO
18.	Have you had a medical problem or injury since the last exam?	⬜YES ⬜NO
19.	When was your last tetanus shot?	⬜YES ⬜NO
20.	Females: When was your last menstrual period?	⬜YES ⬜NO
21.	Females: What was the longest time between periods last year?	⬜YES ⬜NO
22.	Do you have only 1 of any paired organs (eyes, kidneys, testes, etc.)?	⬜YES ⬜NO

Please explain all "YES" answers:

We hereby state that to the best of our knowledge, the answers above are correct. I, as legal parent/guardian, do hereby give my consent for _____ to receive all medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Athlete: _____ Date: _____ Home Phone: _____ Work Phone: _____
Signature of Parent/Guardian:_____ Signature of Physician: _____

Physical Examination

Name:	Date:	Birthdate:	Height:	Weight:	BP:	Pulse:
Vision: Uncorrected R 20/ L 20/			Vision: Corrected R 20/ L 20/			

	Normal	Abnormal
HEENT:		
Heart/Rhythm:		
Lungs:		
Femoral Pulses:		
Abdomen:		
Genitalia - Hernia:		
Musculoskeletal:		
Neck:		
Shoulders:		
Elbows:		
Wrists:		
Hands:		
Back:		
Knees:		
Ankles:		
Feet:		

Clearance:

⬜ Cleared for all sports	⬜ Deferred pending further evaluation	⬜Cleared for the following sports only

Reexamine:

⬜ Yearly, and after any injury that limits participation for greater than one week.	⬜ Other:

I certify that I have examined the above named student, and that such examination revealed no conditions that would prevent this student from participation in interscholastic sports, except as noted:

Comments:	Physician's Name Stamp:

Signature:_____ M.D._____ Date:_____ Phone:_____