



Community School District

Linn-Mar Community Schools High School/Middle School Student Physical Examination Form

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

School: _____

Grade: _____

Parent/Guardian please answer the following:

Any medical problems or health concerns? ☐ No ☐ Yes

Any hearing, vision or speech problems? ☐ No ☐ Yes

Contact lens, glasses or hearing aids? ☐ No ☐ Yes

Any allergies? ☐ No ☐ Yes

Any medications? ☐ No ☐ Yes

Is this physical a sports participation exam? ☐ No ☐ Yes-please answer questions on back of this form.

If yes, please list any information for the above questions: _____

Physician Recommendation:

Date of Exam: _____

Height: _____ Weight: _____ B.P.: _____ Pulse: _____

Student's immunizations are current: ☐ Yes ☐ No Immunizations given today: _____

Student can participate in all school activities: ☐ Yes ☐ No

Student can participate in athletics¹: ☐ Yes ☐ No

If no, physician recommendation: _____

I have interviewed and examined this student.

Physician name (print): _____

Address: _____

Phone: _____

Physician signature: _____

¹For a detailed listing of participation recommendations, see Kurowski & Chandran, The Preparticipation Athletic Evaluation, AFP May 1, 2000, Vol. 61, p 2683, or <http://www.aafp.org/afp/20000501/2683.html>

Athletic Participation Questions:

- | | | |
|---|-----------------------------|------------------------------|
| Do you take any medications? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you have asthma or allergies? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you have an ongoing illness or see a doctor regularly? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you have only one eye or kidney? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever passed out during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had trouble breathing or coughing during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has anyone in your family died suddenly before the age of 50? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever broken a bone, worn a cast or injured a joint? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had any surgeries? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been knocked out or had a concussion? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had a seizure? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| For Women Only: Do you have regular periods? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| How old were you when you had your first period? _____ | | |

If yes, list any information for the above questions: _____

**I have reviewed the above questions with my son or daughter
and give my permission for my student to participate in athletics.**

Parent/Guardian Signature: _____ Date: _____

A physical examination of all Linn-Mar students in grades kindergarten and nine is *requested*. It is *required* for students to have an annual physical examination prior to participation in organized school sports.