State College Area School District
Club Sports: Ice Hockey

REPORT OF PHYSICAL EXAMINATION

To Be Completed by Licensed Physician of Medicine

Name:		DOB:	Grade in School:
Sport:	School *(Circle one)*: MNMS (7-8) PFMS (7-8) HS (9-12)		
Height:	BP: /	Pulse:	
Weight:	Vision: R20/ L20/	Glasses/Contacts: Y N	
Date of most recent Tetanus:			

Medical Exam	Normal	Abnormal Findings	Initials
EENT			
Heart/Pulse			
Lungs			
Abdomen			
Genitourinary			
Neurological			
Skin			
Other			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Special Tests *(Based on History Form)*			

☐ Cleared for Participation

☐ Cleared AFTER Completing Evaluation and Rehabilitation for:

☐ Not Cleared - Re:

Recommendations:

PRINTED NAME OF EXAMINER	SIGNATURE OF EXAMINER	OFFICE PHONE	DATE OF EXAMINATION

SCASD MEDICAL HISTORY QUESTIONNAIRE

Name:				Date of Exam:
Address:				City/State/Zip:
☐ Male ☐ Female	Age:	Date of Birth:		Grade:
School:		Sport:	Family Physician:	
Emergency Contact Information				
Name:	Relationship:			Phone #: (H) (W)

Explain "Yes" Answers below. Circle Questions you don't know the answers to:

1.	Have you had a medical illness or injury since your last checkup or sports physical?	Y	N
2.	Have you ever been hospitalized?	Y	N
2a.	Have you ever had surgery?	Y	N
3.	Are you presently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler?	Y	N
4.	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	Y	N
5.	Do you have any allergies (pollen, food, medicine, bees or other stinging insects)?	Y	N
6.	Have you had a severe viral infection (e.g. Myocarditis, Mononucleosis) in the last month?	Y	N
7.	Has a Physician ever denied or restricted your participation in sports for any heart problems?	Y	N
8.	Have you ever passed out during or after exercise?	Y	N
8a.	Have you ever been dizzy during or after exercise?	Y	N
8b.	Have you ever had chest pain during or after exercise?	Y	N
8c.	Do you tire more quickly than your friends during exercise?	Y	N
8d.	Have you ever had high blood pressure/high cholesterol?	Y	N
8e.	Have you ever been told you have a heart murmur?	Y	N
8f.	Have you ever had racing of your heart or skipped heartbeats?	Y	N
8g.	Has anyone in your family died of heart problems or a sudden death before age 50?	Y	N
9.	Do you have any skin problems (itching, rashes, acne, warts, fungus, blisters)?	Y	N
10.	Have you ever had a rash or hives develop during or after exercise?	Y	N
11	Have you ever had a head injury or concussion?	Y	N
11a.	Have you ever been knocked out or unconscious?	Y	N
11b.	Have you ever had a seizure?		N
11c	Have you ever had numbness, tingling in your arms, hands, legs or feet?	Y	N
11d	Have you ever had a stinger, burner or pinched nerve	Y	N
12.	Have you ever had heat or muscle cramps?	Y	N
12a.	Have you ever been dizzy or passed out in the heat?	Y	N
13.	Do you have asthma?	Y	N
14	Do you cough, wheeze or have trouble breathing during or after activity?	Y	N
15	Do you have seasonal allergies requiring medical treatment?	Y	N
16.	Do you use any corrective or special equipment or devices that are not usually used for your sport or position? (e.g. orthotics, pads, braces, neck rolls, mouth guard, eye guards, hearing aid etc.)?	Y	N
17.	Have you had any problems with your eyes or vision?	Y	N
17a.	Do you wear glasses or contacts or protective eye wear?	Y	N
18	Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Please check all that apply ☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Chest ☐ Forearm ☐ Shin/Calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hip ☐ Hand ☐ Foot		
19	Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	Y	N
20.	Record Dates of most recent Immunizations Tetanus ______ Measles ______ Hepatitis B ______ Chickenpox ______		

FEMALE ONLY

What was the date of your first menstrual period? ______ What was the date of your last menstrual period? ______

What was the longest time (# of weeks) between your periods last year? ______

Explain "Yes" answers circled in questionnaire:

______

______

______

______

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

______ Athlete Signature Date ______ Guardian Signature Date