



# TACOMA BAPTIST SCHOOLS

## Physical History & Examination Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**History – Please circle YES or NO**

- 1 **Y N** Have you had any illness/injury recently, or do you have illness/injury now?
  - a. **Y N** Have you had a medical problem, illness or injury since your last exam?
  - b. **Y N** Do you have a chronic or recurrent illness?
  - c. **Y N** Have you ever had any illness lasting more than a week?
  - d. **Y N** Have you ever been hospitalized overnight?
  - e. **Y N** Have you had any surgery other than tonsillectomy?
  - f. **Y N** Have you ever had any injuries requiring treatment by a physician?
  - g. **Y N** Do you have any organ missing other than tonsils? (appendix, eye, kidney, etc.)?
- 2 **Y N** Are you presently taking ANY medications (including birth control pills, vitamins, aspirin, etc.)?
- 3 **Y N** Do you have ANY allergies (medicines, bees, foods, or other factors)?
- 4 **Y N** Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
  - a. **Y N** Do you tire more easily or quickly than your friends during exercise?
  - b. **Y N** Have you ever had any problems with your blood pressure or your heart?
  - c. **Y N** Have any close relatives had heart problems, heart attack, or sudden death before they were age 50?
- 5 **Y N** Do you have any skin problems (acne, itching, rashes, etc.)?
- 6 **Y N** Have you ever had fainting, convulsions, seizures or severe dizziness?
  - a. **Y N** Do you have frequent severe headaches?
  - b. **Y N** Have you ever had a "stinger" or a "burner" or a "pinched nerve"?
  - c. **Y N** Have you ever been "knocked out" or "passed out"?
  - d. **Y N** Have you ever had a neck or head injury?
- 7 **Y N** Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
- 8 **Y N** Have you had asthma, or trouble breathing, or cough during or after exercise?
- 9 **Y N** Do you wear eyeglasses, contact lenses or protective eye wear?
  - a. **Y N** Have you had any problem with your eyes or vision?
- 10 **Y N** Do you wear any dental appliance such as braces, bridge, plate, or retainer?
- 11 **Y N** Have you ever had a knee injury?
  - a. **Y N** Have you ever had an ankle injury?
  - b. **Y N** Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
  - c. **Y N** Have you ever had a broken bone (fracture)?
  - d. **Y N** Have you ever had a cast, splint, or had to use crutches?
  - e. **Y N** Must you use special equipment for competition (pads, braces, neck roll, etc.)?
- 12 **Y N** Has it been more than 5 years since your last tetanus booster shot?
- 13 **Y N** Are you worried about your weight?
- 14 **Y N** FEMALES: Have you had any menstrual problems?
- 15 **Y N** Have you any medical concerns about participating in your sport?

**\*\*\*\*\*ATHLETE SHOULD NOT WRITE BELOW THIS LINE\*\*\*\*\***

Examiner's comments on all "YES" answers (refer to question number):

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# TACOMA BAPTIST SCHOOLS

## Physical Examination Form – Page 2

Name: \_\_\_\_\_

Last	First	
Age: _____	Pulse: _____	Optional: Body Fat %: _____
Height: _____	Blood Pressure: _____	HCT: _____
Weight: _____	Visual Acuity: Left 20/ _____	EST V02 Max: _____
	Right 20/ _____	Audiometry: _____

<u>Normal:</u>	<u>Abnormal:</u>	<u>Notes:</u>
_____ 1 Head	_____	_____
_____ 2 Eyes (pupils), ENT	_____	_____
_____ 3 Teeth	_____	_____
_____ 4 Chest	_____	_____
_____ 5 Lungs	_____	_____
_____ 6 Heart	_____	_____
_____ 7 Abdomen	_____	_____
_____ 8 Genitalia	_____	_____
_____ 9 Neurologic	_____	_____
_____ 10 Skin	_____	_____
_____ 11 Physical Maturity	_____	_____
_____ 12 Spine, Back	_____	_____
_____ 13 Shoulders, Upper Extremities	_____	_____
_____ 14 Lower Extremities	_____	_____

Assessment: \_\_\_\_\_ Full Participation  
 \_\_\_\_\_ Limited participation (describe limitations, restrictions):  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Participation contraindicated (list reasons):  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommendations (equipment, taping, rehabilitation, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Examiner's Signature: _____	Exam Date: _____
Print Examiner's Name: _____	Examiner's Phone: _____