

**Students
Physical Examination for School Programs**

**MIDDLETOWN PUBLIC SCHOOLS
ATHLETIC PREPARTICIPATION EXAM**

THIS EXAM IS NOT A SUBSTITUTE FOR A COMPLETE PHYSICAL BUT IS SOLELY FOR THE PURPOSE OF SPORTS

NAME _____ PARENT/GUARDIAN _____
 ADDRESS _____
 PHONE _____ BIRTH DATE _____
 FAMILY PHYSICIAN _____ PHONE _____
 PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE APPROPRIATE YEAR OF PARTICIPATION:

	<u>FRESHMAN</u>		<u>SOPHOMORE</u>		<u>JUNIOR</u>		<u>SENIOR</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
Have you ever had surgery?	___	___	___	___	___	___	___	___
Have you ever been hospitalized for a reason other than surgery?	___	___	___	___	___	___	___	___
Have you ever broken, dislocated, or injured a bone or joint?	___	___	___	___	___	___	___	___
Have you had a serious illness in the past?	___	___	___	___	___	___	___	___
Do you have any ongoing medical problems: (Such as Anemia, Asthma, Bleeding Disorders, Diabetes, Eating Disorder, Heart Disease, Hernia, Kidney Disease, Liver Disease, Mononucleosis, Seizures, Skin Problems or other conditions)?	___	___	___	___	___	___	___	___
Do you have any known deformities: (such as Curvature of the Spine, One Kidney, One Testicle, Blindness in one eye, etc.)?	___	___	___	___	___	___	___	___
Have you ever had a Heart Murmur, High Blood Pressure, Extra Heart Beats, or a Heart Abnormality?	___	___	___	___	___	___	___	___
Are you taking any medication?	___	___	___	___	___	___	___	___
Do you have any allergies?	___	___	___	___	___	___	___	___
Have you ever "passed out" or been knocked unconscious?	___	___	___	___	___	___	___	___
Have any members of your family had a "Heart Attack" or a "Heart Problem"?	___	___	___	___	___	___	___	___
Do you have difficulty breathing after you exercise (such as Shortness of Breath, Coughing, Chest Pain or Chest Tightness)?	___	___	___	___	___	___	___	___
Do you wear glasses or contact lenses?	___	___	___	___	___	___	___	___
Do you have any chipped teeth, braces or bridges?	___	___	___	___	___	___	___	___
Have you ever missed menstrual periods for months or more (females only)?	___	___	___	___	___	___	___	___
When was your last tetanus shot?	Date: _____							

If you answered yes to any of the questions above, please explain: _____

 Signature of insured (Parent or Guardian if insured is under 18) Date

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SPORT: _____
(PLEASE PRINT OR TYPE)

NAME _____

DATE OF EXAM _____

HT: _____ WT: _____ BP: _____ PULSE: _____

VISION: (If not recently checked) L 20/ _____ R 20/ _____ VISUAL FIELDS: _____

EYES: PUPIL SIZE _____ SKIN: _____

MOUTH: _____ LYMPH NODES: _____

HEART:
PMI: _____ PULSES: _____ RHYTHM: _____ MURMURS: _____

LUNGS: _____ ABDOMEN: _____ LIVER: _____ SPLEEN: _____

ORTHOPEDIC:
CERVICAL SPINE/BACK: _____ SHOULDERS: _____ ARM/ELBOW: _____

KNEES: _____ ANKLES/FEET: _____ WRIST/HAND: _____

OTHER: (from positive history) _____

PARTICIPATION STATUS:

_____ CLEARED _____ CLEARED W/LIMITATIONS
_____ DISQUALIFICATION _____ CLEARANCE DEFERRED PENDING
FURTHER EVALUATION

REASON/COMMENTS: _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PRINT PHYSICIAN'S NAME TELEPHONE NUMBER

PLEASE NOTE: Eleventh graders need the State of Connecticut Health Assessment Record Form completed also.