## Birmingham Public Schools Preparticipation Physical Evaluation

Have you to don't knillow find ariswers to.     10.   Do you use any special protective or corrective check up or sports physical?   Do you have an ongoing or chronic illness?   Do you have sever has surgery?   Do you have you ever been hospitalized overnight?   Do you were that surgery?   Do you have you were that singly prescription or onoprescription (over the counter medications) or pills or using an inhaler?   Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?   Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?   Have you ever had a rash or hives develop during or after exercise?   Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?   Have you ever had a rash or hives develop during or after exercise?   Have you ever bad or after or hives develop during or after exercise?   Have you ever bad or flow they are all the provided of the problems with pain or swelling in muscless, tendons, bones or joints?   Have you ever bad or hives develop during or after exercise?   Have you ever bad or hives develop during or after exercise?   Have you ever bad or hives develop with the provided in the problems with pain or swelling in muscless, tendons, bones or joints?   Have you ever bad or hives develop with a provided in the problems with pain or swelling in muscles, tendons, bones or joints?   Have you ever had or skilped   Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?   Have you ever had been during or after exercise?   Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?   Have you had high blood pressure or high cholesterol?   Have you ever had a serial and unique or after exercise?   Have you were had hear they will have you were had a serial muscles that problems?		HISTORY	DATE OF EXAM_						ent-year phys	sical is one given on or a	after Apr	il 15
Grade School Sports  Address Phone  Personal physician  In case of emergency, contact  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 check up or sports physical?  Do you have an ongoing or chronic illness?  Do you have no nogoing or chronic illness?  Do you have bean tesplatized overnight?  Do you have bean tesplatized overnight?  Do you have bean tesplatized overnight?  Are you currently taking any prescription or nonprescription (over the counter medicalisms) or pills or using an inhaler?  Have you ever taken any supplements or vitamins to help you gain or loss weight or improve your performance?  Do you have any elerges for example, to pollen, leave you ever taken any supplements or vitamins to help you gain or loss weight or improve your performance?  Have you ever taken any supplements or vitamins to help you gain or loss weight or improve your performance?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had or asking have you have the and turning or after exercise?  Have you ever had high blood pressure or high cholestero?  Have you ever had high blood pressure or high cholestero?  Have you ever had a high problems (for example, inching, rashes, acre, warsh, fungus, or blottens)  The problems of the problems or or sudder death before age 50°.  Do you have remark the problems or or sudder death before age	N	Name				Se	ex	Age_	Date	e of birth		_
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determining eligibility for interscholastic athletics. I also hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.			s that require medical	Ц	Ц							_
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Oldriditate of difficto		·		natur	e of p	arent/	/guardian			Date		

## **Preparticipation Physical Evaluation**

PHYSICAL EXAMINATION			
Name		Date of birth	
Height Weight	% Body fat (optional)	Pulse BP/ (/_	,/)
		Pupils: Equal Unequal	
	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL	NORMAL	ABNORWAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Males only)			
Skin			
MUSCULOSKELETAL	l l		
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			
* Station based examination only			
CLEARANCE			
□ Cleared			
☐ Cleared after completing evaluation	on/rehabilitation for:		
	on who made and the control of the c		
□ Not Cleared for:	F	Reason:	
Recommendations:			
<del>-</del>			
Name of Physician (Print/Type)		Date	
Address		Phone_	

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MD or DO

Signature of Physician\_