

FRC Sports Physical 2007/08

Examination must occur after May 15 to be valid for the succeeding school year.

Patient's History (to be completed by parent)		
Athlete:	Age:	Grade (2007/08):
	No Yes	
1. Has any of your family under age 50 had a heart attach or heart problems?	<input type="checkbox"/>	Please explained any answers (1-8) that are checked YES:
2. Have you ever been told you have a heart murmur, high blood pressure, extra heart beats, or a heart abnormality?	<input type="checkbox"/>	
3. Have you ever "passed out" or been "knocked out" (concussion)?	<input type="checkbox"/>	
4. Have you ever had any illness, condition, or injury that:	<input type="checkbox"/>	
a. required x-rays or an overnight stay I the hospital?	<input type="checkbox"/>	
b. required an operation?	<input type="checkbox"/>	
c. lasted longer that a week?	<input type="checkbox"/>	
d. caused you to miss a game or practice?	<input type="checkbox"/>	
e. is related to allergies, hay fever, hives, asthma, or medicine?	<input type="checkbox"/>	
5. Have you ever been told not to participate in any sport?	<input type="checkbox"/>	
6. Do your take any kind of medicine regularly?	<input type="checkbox"/>	
7. Have any family member died suddenly under the age of 40 of causes other than an accident?	<input type="checkbox"/>	
8. Do you have any worries about your health or other questions you would like to discuss with a physician?	<input type="checkbox"/>	

Physical Examination (to be completed by Physician)

Height _____ Weight _____ Vision: Left _____ Right _____

Blood Pressure: Pre Run _____ / _____ Post Run _____ / _____

Pupils: Left _____ Right _____

	Check if negative:
Skin	<input type="checkbox"/>
Shoulders	<input type="checkbox"/>
Arm/Elbows/Wrist/Hand	<input type="checkbox"/>
Knees	<input type="checkbox"/>
Ankles	<input type="checkbox"/>
Disposition	<input type="checkbox"/>

Chest:	Heart Satisfactory - Unsatisfactory
	Lungs Satisfactory - Unsatisfactory

Participation:

Full: _____ No/Limited: _____
Explain: _____

Physician's Signature: _____ Date: _____

I acknowledge that the FRCS Sports Physical taken today is in fact only a sport physical. This examination should in no way replace a student's annual physical with his/her physician. In the event of an injury during any aspect of a student's participation in the sporting activity, I hereby release examination physician, Franklin Road Christian School, a ministry of Brightmoor Christian Church, it's officers, boards members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the below named child resulting directly or indirectly from my child's participation in the activities.

(Athlete's Name – PLEASE PRINT)

(Parent's Name – PLEASE PRINT)

(Date)

(Parent's Signature)