

**BARRINGTON PUBLIC SCHOOLS**  
**Athletic Physical Form**

**NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **FAMILY PHYSICIAN** \_\_\_\_\_

**SPORT(S)** \_\_\_\_\_

**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **PULSE** \_\_\_\_\_ **BLOOD PRESSURE** \_\_\_\_\_

|   | NORMAL   | ABNORMAL FINDINGS |
|---|--|-------------------|
| 1. Eyes                                     |  |                   |
| 2. Ears, Nose, Throat                       |  |                   |
| 3. Mouth and Teeth                          |  |                   |
| 4. Neck                                     |  |                   |
| 5. Cardiovascular                           |  |                   |
| 6. Chest and Lungs                          |  |                   |
| 7. Abdomen                                  |  |                   |
| 8. Skin                                     |  |                   |
| 9. Genitalia/Hernia (Male)                  |  |                   |
| 10. Musculoskeletal:<br>ROM, strength, etc. |  |                   |
| a. neck                                     |  |                   |
| b. spine                                    |  |                   |
| c. shoulders                                |  |                   |
| d. arms/hands                               |  |                   |
| e. hips                                     |  |                   |
| f. thighs                                   |  |                   |
| g. knees                                    |  |                   |
| h. ankles                                   |  |                   |
| i. feet                                     |  |                   |
| 11. Neuromuscular                           |  |                   |
| 12. Physical Maturity (Tanner Stage)        | 1.                      2.                      3.                      4.                      5. |                   |

**PARTICIPATION RECOMMENDATIONS:**

1. No participation in: \_\_\_\_\_
2. Limited participation in: \_\_\_\_\_
3. Requires: \_\_\_\_\_
4. Full participation in: \_\_\_\_\_

**PHYSICIAN'S NAME (PRINT):** \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **EXAM DATE:** \_\_\_\_\_

## **BARRINGTON PUBLIC SCHOOLS SPORTS PARTICIPATION HEALTH HISTORY RECORD**

The purpose of this form is to screen and identify any potential health problems that could interfere with sports participation. It is quite important that the form is filled out!

NAME \_\_\_\_\_ AGE (Yrs) \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SPORTS \_\_\_\_\_

### **HEALTH HISTORY:**

1. Chest pain with exercise?
2. Dizziness or fainting during or after exercise?
3. Has any family member died suddenly at less than 40 years of age of causes other than an accident?
4. Has any family member had a heart attack at less than 55 years of age?
5. Have you had a seizure, concussion or been unconscious for any reason in the last year?
6. During the last 12 months, have you had any major medical problems?
7. During the last 12 months, have you had any athletic injury?
8. Do you have severe allergies (bee stings or medicine) and/or asthma?
9. Do you take any medication or pills that relate to athletics? Please list: