

**BARRINGTON MIDDLE SCHOOL
Athletic Physical Form**

NAME _____ **GRADE** _____ **AGE** _____

ADDRESS _____

TELEPHONE _____ **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: 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: _____ **DATE:** _____

**BARRINGTON HIGH SCHOOL 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:

