

THIS SECTION IS TO BE FILLED OUT BY PARENT

Have you had or do you now have:	NO	YES	EXPLAIN
1. Brain concussion (head injury)			
2. Convulsion or epilepsy			
3. Neck injury			
4. Impaired vision in either eye			
5. Chest pain with exertion or unexplained shortness of breath			
6. Hearing loss			
7. (Boys) Loss of function of testicle			
8. (Girls) Is there a problem with irregular menstrual periods?			
9. Bone fracture			
10. Joint dislocation			
11. Orthopedic or sports injury			
12. Diabetes			
13. Asthma			
14. Allergy			
15. Heart trouble or murmur			
16. High blood pressure			
17. Need for daily medication			
18. Need for emergency medication			
19. Congenital abnormalities			
20. HIV Positive			
21. Surgery			
22. Overnight hospitalization			
23. Fainting or lost consciousness during exercise			
24. An immediate family member diagnosed with heart disease. I.E. an abnormal heart rate, heart attack, had an angioplasty or bypass, cardiomyopathy, Marfan Syndrome, long QT Syndrome.			

By executing this document, we acknowledge and agree that to the best of our knowledge there is nothing that we are aware of that would preclude our child's participation in swimming/diving. We acknowledge that participation in sports can result in physical contact, exertion, injuries, and any other consequences of participation.

Parent or Guardian's Signature _____

Date _____

PHYSICAL EXAMINATION RECORD

Name _____ Date _____ Age _____ Date of Birth _____

Height _____ Vision: R _____ / _____, Corrected _____, Uncorrected _____

Weight _____ L _____ / _____, Corrected _____, Uncorrected _____

Hearing: Normal _____ Abnormal _____

Pulse _____ Blood Pressure _____ Min. Weight (Wrestling) _____

Update immunizations: _____ DT _____ Polio _____ MMR _____

	Normal	Abnormal Findings	Initials			
1. Eyes						
2. Ears, Nose, Throat						
3. Mouth & Teeth						
4. Neck						
5. Cardiovascular						
6. 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.	

Comments re: Abnormal Findings: _____

PHYSICAL EXAMINATION RECORD

PARTICIPATION RECOMMENDATION:

_____ The above named child **may participate** in swim clinics and/or competitive level swimming/diving. He/she is a patient of this practice and is up to date with all immunizations and is in good health. He/she has been seen in my office for a physical within two years of today's date. To the best of my knowledge there is nothing that we are aware of that would preclude this child's participation in swimming/diving activities.

_____ The above named child **should not participate** in swim clinics and/or competitive level swimming/diving activities.

Physician's Signature: _____ Physician's Printed Name: _____

Date: _____ Phone Number: _____

