



Linn-Mar Community Schools Student Physical Examination Form

Community School District

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

School: _____

Grade: _____

Parent/Guardian please answer the following:

Any medical problems or health concerns? No Yes

Any hearing, vision or speech problems? No Yes

Contact lens, glasses or hearing aids? No Yes

Any allergies? No Yes

Any medications? No Yes

Is this physical a sports participation exam? No Yes-please answer questions on back of this form.

If yes, please list any information for the above questions: _____

Physician Recommendation:

Date of Exam: _____

Height: _____ Weight: _____ B.P.: _____ Pulse: _____

Student's immunizations are current: Yes No Immunizations given today: _____

Student can participate in all school activities: Yes No

Student can participate in athletics¹: Yes No

If no, physician recommendation: _____

I have interviewed and examined this student.

Physician name (print): _____

Address: _____

Phone: _____

Physician signature: _____

¹For a detailed listing of participation recommendations, see Kurowski & Chandran, The Preparticipation Athletic Evaluation, AFP May 1, 2000, Vol. 61, p 2683, or <http://www.aafp.org/afp/20000501/2683.html>

Athletic Participation Questions:

- | | | |
|---|-----------------------------|------------------------------|
| Do you take any medications? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you have asthma or allergies? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you have an ongoing illness or see a doctor regularly? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you have only one eye or kidney? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever passed out during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had trouble breathing or coughing during or after exercise? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has anyone in your family died suddenly before the age of 50? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever broken a bone, worn a cast or injured a joint? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had any surgeries? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been knocked out or had a concussion? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had a seizure? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| For Women Only: Do you have regular periods? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| How old were you when you had your first period? _____ | | |

If yes, list any information for the above questions: _____

**I have reviewed the above questions with my son or daughter
and give my permission for my student to participate in athletics.**

Parent/Guardian Signature: _____ Date: _____

A physical examination of all Linn-Mar students in grades kindergarten and nine is *requested*. It is *required* for students to have an annual physical examination prior to participation in organized school sports.