

## NORTHWEST CHRISTIAN SCHOOLS ATHLETIC PHYSICAL FORM

NAN	ЛЕ			GRAD	OESEX_		
Birth Date	Address _						
Parent's Phone (H)	·	(W	<sup>/</sup> )		(Cell)		
Health Care Provid	ler			_ Health Care	Phone		
Sports Prefer					red Hospital		
Notify in Emergency Emergency Phone							
Alternate Emergen	•						
Medications (taken	regularly)			Allergies			
				Medicine	□ (specify		)
Last tetanus shot			(year)	Bee sting			,
History							
Explain "Yes" answers	below:					Yes	No
<ol> <li>Have you had an</li> <li>Have you ever be</li> <li>Have you ever he</li> <li>Have you ever he</li> <li>Have you ever he</li> <li>Have you ever be</li> <li>Have you ever he</li> <li>Have you ever he</li> <li>Do you have troop</li> <li>Have you ever he</li> <li>Are you missing</li> <li>Do you use any se</li> <li>Have you ever he</li> <li>Are you was any se</li> <li>Have you ever he</li> <li>Are you satisfied</li> <li>At what age was</li> </ol>	een in the hospeen dizzy or parad chest pain of ad high blood our family diedeen knocked of ad a "stinger," ad muscle craruble breathing ad asthma, dia an eye, kidney special equipment ad a sprain, structure back knee	pital or had an opassed out during during or after expressure, a heart d of heart problem out or unconscious "burner," or pinnps, heat exhaus or do you cough betes, mono, or on yor testicle?	or after execution? or after execution? murmur or ms or a sud us, had a hea ched nerve stion or hear during or a other medic s, neck rolls stress fract lebow lankle	irregular hearth den death before ad injury, or a see? stroke? al problems? al problems? s, mouth guards, ure, joint swelling hip	eats? e age 50 sizure? etc.)? ng, or broken bone hand foot		
Explain "Yes" answers:						. <b></b>	
Parent/Guardian: Plea I hereby state that, to the in athletics at NWC Schinsurance I purchase for child to receive a physic of which he / she is a me official.	best of my know cols, Inc., athletic injuries received al examination. I	vledge, the answers of programs, and I win while he / she is tract I give my permission	ill assume all iining for or p n for my son	financial responsibility in athletic gardaughter to travel	dities not covered by a times. I also give perm as required as a memb	any schoonission for	ol or my e team(s)
 Date	Signature of A4	thlete		Signature of l	Parent/Guardian		

## **PHYSICAL EXAMINATION**

Name		Age Date	
Sex Height _	Weight	Blood Pressure /	Pulse
<b>Vision</b> R 20/	L 20/	Corrected Y N	
	Normal	Abnormal Findings	Initials
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles / hernia			
Musculoskeletal			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee		MCL <b>R</b> ACL MCL <b>L</b> ACL	
Ankle		ANT DRAWER ANT DRAWER	
Foot			
☐ No restriction for sp	orts participation		
-		verification of rehabilitation / evaluation	n for:
☐ Limited participation	n. Not cleared for	r the following types of sports:	
Recommendations:			
Examiner's Signature		Dat	e
Address		Pho	nne.

sf10/04