

Shelburne Community School
Pre-participation Physical Evaluation

*****PHYSICAL EXAMINATION DATE** – ___/___/___ *****Must be within 2 years*****
 month day year

Name _____ Date of Birth _____
 Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ___ / ___ (___ / ___ . ___ / ___)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*station-based examination only

CLEARANCE

___ Cleared
 ___ Cleared after completing evaluation/rehabilitation for:

___ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

**Shelburne Community School
Pre-participation Health Questionnaire For Interscholastic Sports**

This form needs to be filled out one time each school year by student and parent. If you are due for a Physical Exam by a doctor, fill out this form and take it with you to the appointment. Physical Exams are required within two years of the sports participation.

NAME _____ SEX _____ AGE _____ DOB _____

GRADE _____ SPORT(S) _____ TODAY'S DATE _____

EXPLAIN "YES" ANSWERS BELOW
CIRCLE QUESTION IF YOU DON'T KNOW THE ANSWER

- | | | |
|--|---|----|
| Has there been any major change in your health since your last check-up?
injury? | Hospitalization, surgery, illness or
YES | NO |
| Do you have an ongoing or chronic illness? | YES | NO |
| Are you currently taking ANY medication? | YES (list) | NO |
| Do you have ANY allergies – medicine, pollen, food, sting insects?
NO | YES (list) | |
| Have you ever had a rash or hives develop during or after exercise? | YES | NO |
| Have you ever passed out during or after exercise? | YES | NO |
| Have you ever been told you have a heart murmur? | YES | NO |
| Do you have any skin problems? | YES | NO |
| Have you ever had a concussion or head injury? | YES | NO |
| Do you have frequent or severe headaches? | YES | NO |
| Do you have asthma? | YES | NO |
| Do you use any special protective or corrective equipment or devices
(knee brace, retainer, hearing aid)? | YES (explain) | NO |
| Do you wear glasses, contacts, or protective eyewear? | YES | NO |
| Have you had any problems with pain or swelling in muscles, tendons,
bones or joints? | YES | NO |

If yes, circle area and explain below:

- | | | | |
|----------|---------|--------|-----------|
| Head | Elbow | Finger | Shin/Calf |
| Neck | Forearm | Hip | Ankle |
| Back | Wrist | thigh | Foot |
| Shoulder | Hand | Knee | |

Explain: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature _____ Parent Signature _____ Date _____

Preparticipation Health Questionnaire and Preparticipation Physical Evaluation Forms are required ONLY if a student intends to play INTERSCHOLASTIC sports...that is, games in which SCS competes against other schools. This fall, SCS will have soccer, cross country and field hockey teams which will compete against other schools in the area.