KNOX COUNTY SCHOOLS

PHYSICAL EXAMINATION AND SPORTS MEDICAL PERMISSION FORM

I/We hereby give consent for (student's name) _____ to represent (name of school) _____ in the sport(s) of _____ realizing that such activity involves the potential for injury. I/We acknowledge that even with the best coaching, use of the most advanced equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I/We further grant permission to (school) _____ , its physicians and/or Athletic Trainers to render aid, treatment, medical, or surgical care deemed reasonably necessary to protect the health and well being of the above individual.

I/We further release (school) _____ , its agents, servants, and employees from any liability for damage and injury to the above individual and hereby accept full responsibility for any damages or injuries sustained as a result of participation in the sport(s) or extracurricular activity named above.

Student _____ Parent/Guardian(s) _____

Date _____

Personal History

Name _____ Sex _____ Age _____ DOB _____

Grade _____ Social Security Number _____

School _____

Personal Physician(s) _____ Address _____ Telephone _____

Have you ever had a pre-participation physical before? ☐ yes ☐ no If so, when/where? _____

Please explain "yes answers" below.	Yes	No
1. Have you ever been hospitalized?	☐	☐
Have you ever had surgery?	☐	☐
2. Are you presently taking any medications or pills?	☐	☐
3. Do you have any allergies (medicine, bees or other stinging insects)?	☐	☐
4. Have you ever passed out during exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you tire more quickly than your friends during exercise?	☐	☐
Have you ever had high blood pressure?	☐	☐
Have you ever been told that you have a heart murmur?	☐	☐
Have you ever had a racing of your heart or skipped heartbeats?	☐	☐
Has anyone in your family died of heart problems or a sudden death before the age of 50?	☐	☐
5. Do you have any skin problems (itching, rashes, acne)?	☐	☐
6. Have you ever had a head injury?	☐	☐
Have you ever been knocked out or unconscious?	☐	☐
Have you ever had a seizure?	☐	☐
Have you ever had a stinger, burner or pinched nerve?	☐	☐
7. Have you ever had heat or muscle cramps?	☐	☐
Have you ever been dizzy or passed out in the heat?	☐	☐
8. Do you have trouble breathing or do you cough during or after activities?	☐	☐
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?	☐	☐
10. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses or contacts or protective eye wear?	☐	☐
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints?	☐	☐
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Chest ☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hip ☐ Hand ☐ Foot		
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?	☐	☐
13. Have you had a medical problem since your last evaluation?	☐	☐

14. When was your last tetanus shot? _____
    When was your last measles immunization? _____
15. When was your first menstrual period? _____
    When was your last menstrual period? _____
    What was the longest time between your periods last year? _____

Please explain "Yes" answers here:

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

_____ Signature of athlete

_____ Signature of parent/guardian

_____ Date

General Physical Examination Examiner _____

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected? ☐ yes ☐ no Pupils _____

	Normal	Abnormal Findings
Ears, nose, throat		
Heart		
Chest/lungs		
Skin/Lymphatics		
Abdominals		
Genitalia/Hernia		

Musculoskeletal Examination Examiner _____

	Normal	Abnormal Findings
Neck/Back		
Upper Extremities		
Lower Extremities		
Flexibility		

Optional Lab

Urine Sugar _____

Urine Protein _____

Urine Hematest _____

Official Recommendation

A. This athlete ☐ may ☐ may not compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow up on the following is recommended:

C. Recommended further consultation with _____

Signature of Physician _____ Date _____

COACH'S ACKNOWLEDGMENT

I have reviewed all the information included in the medical history and examination and understand all restrictions (if any) that are to be observed by this athlete and acknowledge the same.

Coach's Signature _____ Date _____