

Fairbanks North Star Borough School District
SPORTS PHYSICAL FORM

PART A: To Be Filled Out by the Athlete

Name: _____ School: _____ Grade: _____
 Address: _____ Phone Number: _____
 Date of Birth: _____ Age: _____ Name of Parents: _____
 Sport(s): _____ Position(s): _____ Coach (es): _____

Please check if you have had any problems in the following areas:

<input type="checkbox"/> Concussion, "Knocked Out"	<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Back Injury, Pain
<input type="checkbox"/> Shoulder Injury	<input type="checkbox"/> Arm, Elbow, Hand Injury	<input type="checkbox"/> Knee Injury, Popping
<input type="checkbox"/> Groin, Thigh, Leg Injury	<input type="checkbox"/> Ankle, Foot Injury	<input type="checkbox"/> Swelling, Pain, Locking or giving way

Yes	No	
_____	_____	Have any members of your family under the age of 40 had a "heart attack" or sudden death?
_____	_____	Have you ever had chest pain while exercising or passed out?
_____	_____	Do you have coughing, wheezing, or severe shortness of breath with exercise?
_____	_____	Are you taking any medication?
_____	_____	Do you have any allergies?
_____	_____	Have you had ear problems or difficulty hearing?
_____	_____	Do you wear glasses or contact lenses?
_____	_____	Have you ever had any discomfort in your groin (hernia)?
_____	_____	Have you ever had any illness or injuries that required hospitalization, surgery, or repeated visits to the doctor?

PART B: To be Filled Out by the Physician

Height: _____ Weight: _____ Blood Pressure: _____
 Eye: R 20/ _____ L20/ _____ Ears _____ Skin: _____ Lungs: _____
 Heart _____ Abdomen _____ Neurologic: _____ Urinalysis (if indicated) _____

MEDICAL FINDINGS

RECOMMENDATIONS

_____ Follow up with athlete's physician
 _____ Other

MUSCULOSKELETAL

RECOMMENDATIONS

_____ Neck Weakness _____ Shoulder Weakness _____ Shoulder Injury _____ Scoliosis _____ Tight Hamstring _____ Tight Groin Muscle _____ Worn Knee Cap _____ Knee Injury; ligament, cartilage _____ Tight Achilles Tendon _____ Weak Ankles	_____ Strengthening Exercises, Neck _____ Neck Roll (equipment) _____ Strengthening Exercises, Shoulder _____ Hamstring Stretching _____ Groin Stretching _____ Quadriceps Strengthening _____ Knee Brace _____ Achilles Stretches _____ Strengthening Exercises, Ankles _____ Tape or Wrap Ankles _____ Referral to Orthopedist _____ Referral to Athletic Trainer _____ Other
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I certify on this date I have examined and find him/her physically able to compete in supervised activities with restrictions as noted:
 Restrictions: _____

PHYSICIAN'S SIGNATURE : _____ DATE: _____
 PHYSICIAN'S NAME (Please print) _____