

FRCS Sports Physical 2018-19

Examination must occur after April 15 to be valid for the following school year.

Patient's History (to be completed by parent)			
Athlete:	Age:	T-Shirt Size: Youth/Adult	Grade (2018-2019):
	No	Yes	
1. Has any of your family under age 50 had a heart attack or heart problems?			Please explain any answers (1-8) that are checked YES:
2. Have you ever been told you have a heart murmur, high blood pressure, extra heart beats, or a heart abnormality?			
3. Have you ever "passed out" or been "knocked out" (concussion)?			
4. Have you ever had any illness, condition, or injury that:			
a. required x-rays or an overnight stay in the hospital?			
b. required an operation?			
c. lasted longer than a week?			
d. caused you to miss a game or practice?			
e. is related to allergies, hay fever, hives, asthma, or medicine?			
5. Have you ever been told not to participate in any sport?			
6. Do you take any kind of medicine regularly?			
7. Have any family members died suddenly under the age of 40 of causes other than an accident?			
8. Do you have any worries about your health or other questions you would like to discuss with a physician?			

Physical Examination (to be completed by Physician)

Height _____ Weight _____ Vision: Left _____ Right _____

Blood Pressure: Pre Run _____ / _____ Post Run _____ / _____

Pupils: Left _____ Right _____

Check if negative:	
Skin	<input type="checkbox"/>
Shoulders	<input type="checkbox"/>
Arm/Elbows/Wrist/Hold	<input type="checkbox"/>
Knees	<input type="checkbox"/>
Ankles	<input type="checkbox"/>
Disposition	<input type="checkbox"/>

Chest:	Heart Satisfactory - Unsatisfactory
	Lungs Satisfactory - Unsatisfactory

Participation:

Full:

No/Limited:

Explain:

Physician's Signature: _____

Date: _____

Physician's Address: _____

I acknowledge that the FRCS Sports Physical taken today is in fact only a sport physical. This examination should in no way replace a student's annual physical with his/her physician. In the event of an injury during any aspect of a student's participation in the sporting activity, I hereby release examination physician, Franklin Road Christian School, a ministry of Brightmoor Christian Church, it's officers, boards members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the below named child resulting directly or indirectly from my child's participation in the activities.

(Athlete's Name – PLEASE PRINT)

(Parent's Name – PLEASE PRINT)

(Date)

(Parent's Signature)



