Dowlen Medical Center
Camp and School Physical Form

Student Name____________________

Address_________________________ Date of Birth_____________

Grade___________________________ Phone__________________

If "yes" please explain in the box at the bottom.

Have you had a medical illness or injury since your last check up or sports physical? ☐ Yes ☐ No

Have you been hospitalized overnight in the past year? ☐ Yes ☐ No

Have you ever had surgery? ☐ Yes ☐ No

Have you ever had prior testing for the heart ordered by a physician? ☐ Yes ☐ No

Have you ever passed out during exercise? ☐ Yes ☐ No

Have you ever had chest pain during or after exercise? ☐ Yes ☐ No

Do you get more tired more quickly than your friends do during exercise? ☐ Yes ☐ No

Have you ever had racing heart of your heart or skipped heart beats? ☐ Yes ☐ No

Have you had high blood pressure or cholesterol? ☐ Yes ☐ No

Have you ever been told you have a heart murmur? ☐ Yes ☐ No

Has any family member or relative died of heart problems or of sudden unexpected death before age 50? ☐ Yes ☐ No

Has any family member been diagnosed with enlarged heart, Hypertrophic Cardiomyopathy, long QT syndrome or other ion channelpathy, Marfans Syndrome or abnormal heart rhythm? ☐ Yes ☐ No

Have you had a severe viral infection for example (Myocarditis or mononucleosis) within the last month? ☐ Yes ☐ No

Have you ever had a serious head injury or concision? ☐ Yes ☐ No

Have you ever been knocked out, become unconscious, or lost your memory? ☐ Yes ☐ No

If yes how many times?_________

When was your last concussion? _____

How severe was each one?(explain below)

Have you ever had a seizure? ☐ Yes ☐ No

Do you have frequent or severe headaches? ☐ Yes ☐ No

Have you ever had numbness or tingling in your arms, hands, legs,or feet? ☐ Yes ☐ No

Have you ever had a stinger, burner or pinched nerve? ☐ Yes ☐ No

Are you missing any paired organs? ☐ Yes ☐ No

Are you under doctor care? ☐ Yes ☐ No

Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using and inhaler? ☐ Yes ☐ No

Do you have any allergies (for example, itching, rashes, acne, warts, fungus, or blisters? ☐ Yes ☐ No

Have you ever become ill from exercising in the heat? ☐ Yes ☐ No

Have you had any problems with your eyes or vision? ☐ Yes ☐ No

Have you ever gotten unexpectedly short of breath with exercise? ☐ Yes ☐ No

Do you have asthma? ☐ Yes ☐ No

Do you have seasonal allergies that require medical treatment? ☐ Yes ☐ No

Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position(for example knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? ☐ Yes ☐ No

Have you ever had a sprain, strain, or swelling after injury? ☐ Yes ☐ No

Have you ever broken or fractured any bones or dislocated any joints? ☐ Yes ☐ No

Have you ever had any other problems with pain or swelling in muscle, tendons, bones, or joints? ☐ Yes ☐ No

Explain "yes"answers below:

___

Participation Physical Evaluation-Physical Examination

Students Name____________________________Age_________________ Date of Birth___________________

Height______ Weight_______ Pulse______ BP_________

Vision R20/______ L20/_________ Corrected: ☐ Yes ☐No Pupils: ☐ Equal ☐ Unequal

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ear/Nose/ Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart- Auscultation of the heart in the standing position			
Heart- Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hyper-mobility, scoliosis)			

Musculoskeletal	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder/ Arm			
Elbow/ Forearm			
Wrist/ Hand			
Hip/ Thigh			
Knee			
Leg/ Ankle			
Foot			

Student Signature______________________**Parent/Guardian Signature**_________________________**Date**_____________

Physician:

Name:________________________________ **Date of Examination:**___________________________

Address:____

Phone number:____

Signature:____