

MSAD #60
Sports Pre-Participation Physical Exam

Instructions: Front page of this form must be filled out by parent/guardian. Back page of this form must be filled out by a physician. Please review all of the questions below and answer them as truthfully as possible. It is important to include all pertinent information. **Parents or guardians must sign below.**

Name: _____ Age: _____ Grade: _____
 Date of Birth: _____ Male/Female (Circle One)
 Address: _____
 Phone: _____ Date of Last Physical Exam: _____

Circle the sports you play:

Baseball	Basketball	Cheerleading	Cross Country	Esports	Field Hockey
Football	Golf	Indoor Track	Ice Hockey	Lacrosse	Outdoor Track
Powerlifting	Soccer	Softball	Swimming	Wrestling	

- Current Medications: _____
- Any Medication Allergies? _____
- Date of most recent tetanus shot: _____
- Has anyone in your family died suddenly before the age of 50? YES NO
 If yes, please explain: _____
- Have you ever passed out or felt dizzy during exercise? YES NO
 If yes, please explain: _____
- Do you have asthma or allergies? YES NO
 If yes, please explain: _____
- Have you ever broken a bone, worn a cast, or injured a joint? YES NO
 If yes, please explain: _____
- Have you ever been knocked out or been diagnosed with a concussion? YES NO
 If yes, please explain: _____
- Do you have a chronic illness or see a doctor regularly? YES NO
 If yes, please explain: _____
- Do you have only one of any any normally paired organ? (eyes, kidney, etc) YES NO
 If yes, please explain: _____

For Women Only:

- Have you started having menstrual periods? YES NO
 If yes, when was the first day of your last period? _____

I understand and acknowledge that the student will be given a Sports Pre-Participation Physical Exam, which does not and cannot assure that the student is completely physically able to participate in supervised sports activities. A sport physical should not replace the child's biennial physical exam with their Primary Care Physician. I agree to indemnify and hold harmless the examining physician, Maine School Administrative District #60 and its Board of Directors, their agents, servants, employees and representatives free from any and all claims, losses, damages, injuries, or adverse sports activities being the result of any circumstances or condition which could not have been determined by the Sports Pre-Participation Physical Exam. Sport Physicals can be obtained in our Health Center call (207)-676-2175.

Parent/Guardian Signature: _____ **Date:** _____

A physical examination must be completed **every two years** before a student will be allowed to tryout, practice or participate in interscholastic athletics.



Physical Examination

Name: _____ Date of Birth: _____ Grade: _____

Physicians: Please complete all of the information below.

Height _____	Weight _____	Vision: _____
Pulse _____	BP _____	(R) 20/ _____
		(L) 20/ _____
		(B) 20/ _____

BP Reference Range:
 10-12 y/o 125/80
 13-15 y/o 135/85
 16-18 y/o 140/90

Vision Reference Range: Is corrected or uncorrected vision better than 20/50 with both eyes? YES NO

Cardiopulmonary Examination:

	Normal	Abnormal	Explain
Heart	_____	_____	_____
Lungs	_____	_____	_____
Pulse	_____	_____	_____

Musculoskeletal Screening:

	Normal	Abnormal	Explain
Neck	_____	_____	_____
Shoulder	_____	_____	_____
Back	_____	_____	_____
Elbow	_____	_____	_____
Wrist	_____	_____	_____
Hand	_____	_____	_____
Knee	_____	_____	_____
Ankle	_____	_____	_____
Foot	_____	_____	_____

Other (Physical examination pertinent to historical information).

Recommendation:

- Pass _____
- Pass with restrictions _____
- Deferred until _____
- Failed (Reason) _____

Physician's Name _____ Phone _____

Address _____

Physician's Signature _____ Date _____

This form needs to be filled out every two years and be on file in the Noble Health Center

Please return form to Ashley Chamblee (Athletics Secretary) or Karen Gori (Athletic Trainer).
Noble Athletics Fax Number (207)-676-2829