

## **SCREENING EXAM FOR ATHLETIC PARTICIPATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
KNOWN ALLERGIES \_\_\_\_\_  
DATE OF LAST TETNUS BOOSTER SHOT \_\_\_\_\_  
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),  
SUPPLEMENTS \_\_\_\_\_

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MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

_____ Ongoing or chronic illness	_____ Surgery
_____ Hospitalized overnight	_____ Passed out or dizziness after exercise
_____ Chest pain during exercise	_____ Heart murmur
_____ High blood pressure	_____ Seizures
_____ Asthma	_____ Concussion or loss of consciousness
_____ Cough, wheezing, or trouble after or during exercise	
_____ Racing of your heart or skipped heartbeats	
_____ Family member or relative who died of heart disease or sudden death before age 50	
_____ Problems with eyes (decreased vision, eyeglasses, contact lenses)	
_____ Orthopedic injuries (sprains, fractures, ligament damage). Please describe:	

FEMALES ONLY: Have you begun menstruation? \_\_\_\_\_  
Frequency of menses \_\_\_\_\_ Length of menses \_\_\_\_\_

I certify that the above information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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PHYSICAL EXAM BP \_\_\_\_\_ PULSE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

Please check if ABNORMAL and explain at bottom of page:

_____ Eyes/ears/nose/throat	_____ Neck
_____ Lymph nodes	_____ Back
_____ Heart	_____ Shoulder/upper arm
_____ Pulses	_____ Elbow/forearm
_____ Lungs	_____ Wrist/forearm
_____ Abdomen	_____ Hip/upper leg
_____ Genitalia/hernia	_____ Knee
_____ Skin	_____ Lower leg/ankle/foot

EXPLANATION OF ABNORMALS: \_\_\_\_\_

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\_\_\_\_\_ Cleared for all athletic activities  
\_\_\_\_\_ Not cleared for all athletic activities  
Reason \_\_\_\_\_  
Restrictions/Recommendations: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Examiner \_\_\_\_\_  
Address of Examiner \_\_\_\_\_  
\_\_\_\_\_

This exam must be conducted within one year prior to the start of the camp.