

Tabor College
PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the student and reviewed by examining provider
Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____

Student's Name: _____ Sex: M F (circle one) Age: _____

Date of Birth: ____/____/____ Home Phone: (____) _____

Sport(s): _____

Physician's Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Name of parent/ guardian: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

- 1. Have you ever had, or do you currently have:**
- | | |
|---|-------|
| a. Restriction from sports for a health related problem? | Y / N |
| b. An injury or illness since your last exam? | Y / N |
| c. A chronic or ongoing illness (such as diabetes or asthma)? | Y / N |
| (1.) An inhaler or other prescription medicine to control asthma? | Y / N |
| d. Any prescribed or over the counter medications that you take on a regular basis? | Y / N |
| e. Any surgery or hospitalization? | Y / N |
| f. Any allergies to medications? | Y / N |
| g. Any anemias, blood disorders, sickle cell disease/trait, or clotting disorders? | Y / N |
| h. Hepatitis B or C, HIV/AIDS, or infectious mononucleosis? | Y / N |

Explain all "yes" answers here (include relevant dates):

List all medications currently taking here:

- 2. Have you ever had, or do you currently have, and of the following HEAD-RELATED conditions:**
- | | | |
|---|-----------------|-------|
| a. Concussion or head injury | How many? _____ | Y / N |
| b. Memory loss? | | Y / N |
| c. Knocked out? | | Y / N |
| d. A seizure? | | Y / N |
| e. Frequent or severe headaches (With or without exercise)? | | Y / N |

Explain all "yes" answers here (include relevant dates):

- 3. Have you ever had, or do you currently have ,any of the following HEART-RELATED conditions:**
- | | | |
|---|--|-------|
| a. Restriction from sports for heart problems? | | Y / N |
| b. Chest pain or discomfort? | | Y / N |
| c. Heart murmur? | | Y / N |
| d. High blood pressure? | | Y / N |
| e. Elevated cholesterol level? | | Y / N |
| f. Heart infection? | | Y / N |
| g. Dizziness or passing out during or after exercise without known cause? | | Y / N |
| h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test)? | | Y / N |
| i. Racing or skipped heartbeats? | | Y / N |
| j. Unexplained difficulty breathing or fatigue during exercise? | | Y / N |
| k. Any family member (blood relative): | | |
| i. Under 50 with a heart condition? | | Y / N |
| ii. Died of a heart problem before age 50? If yes, what age? _____ | | Y / N |
| iii. Died with no known reason? | | Y / N |
| iv. Died while exercising? If yes, was it during or after? (Circle one.) | | Y / N |

Explain all "yes" answers here (include relevant dates):

- 4. Have you ever had, or do you currently have, any of the following eye, ear or throat conditions:**
- | | | |
|---|--|-------|
| a. Vision problems? | | Y / N |
| i. Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | | Y / N |
| b. Hearing loss or problems? | | Y / N |
| i. Wear hearing aids or implants? | | Y / N |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | | Y / N |

Explain all "yes" answers here (include relevant dates):

- 5. Have you ever had, or do you currently have, any of the following NEUROMUSCULAR/ORTHOPEDIC conditions:**
- | | | |
|--|--|-------|
| a. Numbness, a "burner", "stinger" or pinched nerve? | | Y / N |
| b. Dislocated joint(s)? | | Y / N |
| c. Fracture(s), stress fracture(s), or broken bone(s)? | | Y / N |

Explain all "yes" answers here (include relevant dates):

6. Have you ever had or do you currently have any of the following GENERAL OR EXERCISE RELATED conditions:

- | | |
|---|-------|
| a. Difficulty breathing? | Y / N |
| i. During exercise? | Y / N |
| ii. Exercise-induced asthma? | Y / N |
| 1. Controlled with medication? (specify _____) | Y / N |
| 2. Experience dizziness, passing out or fainting? | Y / N |
| b. Heat-related problems (dehydration, dizziness, fatigue, headache)? | Y / N |
| i. Heat exhaustion? | Y / N |
| ii. Heat stroke? | Y / N |
| iii. Muscle cramps? | Y / N |

Explain all "yes" answers here (include relevant dates):

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

Signature, Parent/Guardian or Student Age 18 or older

Date of Signature:

THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.

PHYSICAL EXAMINATION FORM
Part B: Physical Evaluation Form

-FINDINGS OF PHYSICAL EVALUATION-

Height _____ Weight: _____ Blood Pressure: _____/_____ Pulse: _____ bpm
 Vision: R 20/_____ L 20/_____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardio vascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No change
		Squatting makes it: Louder Softer No change
		Valsalva makes it: Louder Softer No change
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Evidence of Marfan Syndrome	ABSENT	

Circle one of the following:

- A. Student is cleared for participation in **all** sports without restriction
- B. Student is **withheld clearance** for participation in any sport until evaluation / treatment of:

Physician's Signature: _____ Date: _____

This form must be filled out completely and returned to the Athletic Training Office before any athlete will be allowed to participate in intercollegiate sports at Tabor College.