



SETON SCHOOL

"Let His Will of the present moment be the first rule of our daily life and work..." —Saint Elizabeth Ann Seton
 9314 MAPLE STREET MANASSAS, VA 20110-5118 (703)368-3220

Sports Preparation Evaluation Physical Examination

Name _____

Date of Exam _____

Height _____		Weight _____		BP _____ / _____		Resting Pulse _____		
Vision L 20/		R 20/		Corrected: Y N				
Normal	Abnormal Findings						Initials	
	Heart							
	Pulses							
	Lungs							
	Skin							
	Lymphatic							
	Abdomen							
	Genitalia/Hernia							
	Eyes							
	Ears							
	Nose							
	Throat							
	Neck							
	Back							
	Shoulders							
	Elbow/Wrist/Hand							
	Hips/Knees							
	Ankles/Feet							
Optional/When Medically Indicated								
Tanner Stage	1	2	3	4	5	Percent Body Fat		
						Lab: Hemoglobin/HCT		

Clearance for Sports

_____ Full Participation
 _____ Needs additional evaluation/rehabilitation for: _____
 _____ Limited/No participation due to: _____

Recommendations: _____

Physicians Name _____ Physicians Signature _____

Phone Number _____ Date _____

Sports Preparation Evaluation
Medical History

This should be completed by parent and student prior to the physical examination for review by the physician.

Name _____ Male _____ Female _____ Date of birth _____

For School Year _____ Grade _____ Sports _____

Have you ever had any of the following?

Yes No

- _____ Heart Murmur
- _____ High blood pressure
- _____ Other heart problems
- _____ Relative with heart problems
- _____ Dizzy, chest pain, or passed out after exercise
- _____ Concussion
- _____ Been knocked out
- _____ Seizures or epilepsy
- _____ Muscle, bone or joint injuries
- _____ Surgery
- _____ Been hospitalized

Do you have any of these now?

Yes No

- _____ Significant allergies
- _____ Asthma
- _____ Adrenaline/inhaler prescription
- _____ Take medications regularly
- _____ Trouble breathing or cough after exercise
- _____ Illness lasting a week or more
- _____ Blood disorder
- _____ Contacts, glasses, braces
- _____ Missing/non-functioning organ
- _____ Skin problem
- _____ Special equipment for sports

_____ Do you have any other significant health problems?

_____ Date of last tetanus shot

_____ (Girls) When was your last menstrual period?

Explain any "yes" answers:

Date _____

Signature of student: _____

Signature of Parent: _____