

**GCC Pre-Season Athletic Physical**

**Sport:** \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M/F DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Street City Zip)

Emergency Phone \_\_\_\_\_ Name \_\_\_\_\_ Relation \_\_\_\_\_

Family Dr. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Is There A History Of: Yes No

- |  |     |     |
|--|-----|-----|
| 1) Heart trouble, irregular rate or rheumatic fever                                      | ___ | ___ |
| 2) High or low blood pressure  | ___ | ___ |
| 3) Any family history of sudden death under age of 50                                    | ___ | ___ |
| 4) Chest pain, shortness of breath, dizzy spells, fainting<br>(with or without exercise) | ___ | ___ |
| 5) Hospitalizations, surgery or advised to have surgery                                  | ___ | ___ |
| 6) Heat exhaustion, sun stroke or other problems with heat                               | ___ | ___ |
| 7) Head injury or concussion, convulsions (seizures)                                     | ___ | ___ |
| 8) Eye problems (glasses or contacts) or ear problems                                    | ___ | ___ |
| 9) Lung disease (asthma, bronchitis, T.B.)   | ___ | ___ |
| 10) Anemia, leukemia, sickle cell or other blood/bleeding disorders                      | ___ | ___ |
| 11) Diabetes, hepatitis or jaundice  | ___ | ___ |
| 12) Ulcer, colitis, hernia or other stomach trouble                                      | ___ | ___ |
| 13) Kidney or bladder problems   | ___ | ___ |
| 14) Mental illness or nervous breakdown  | ___ | ___ |
| 15) Use of drugs, alcohol or tobacco (cigarettes), chew                                  | ___ | ___ |

- |  | Yes | No  |
|--|-----|-----|
| 16) Taking any medication at this time   | ___ | ___ |
| 17) Allergies or skin problems   | ___ | ___ |
| 18) Menstrual problems   | ___ | ___ |
| 19) Eating disorder (bulimia, anorexia)  | ___ | ___ |
| 20) Other illness or injury not named above  | ___ | ___ |
| 21) Bone or joint disorders, broken bones, dislocation   | ___ | ___ |
| 22) Have you sprained your ankle in the past<br>(if yes-indicate below-number of sprains and when they occurred) | ___ | ___ |
| 23) Were you in physical therapy (re-hab)  | ___ | ___ |
| 24) Have any chronic or unusual aches and pains  | ___ | ___ |
| 25) Please rate your flexibility      ___ Below average    ___ Average    ___ Above average                      |     |     |

IF YES TO ANY OF THE ABOVE PLEASE DESCRIBE FULLY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Nurse: \_\_\_\_\_

Athletic Trainer: \_\_\_\_\_

Physical Examination

Weight \_\_\_\_\_ Height \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Uncorrected

R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Ears \_\_\_\_\_ Lungs \_\_\_\_\_ Throat \_\_\_\_\_

Heart \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Spine \_\_\_\_\_ Feet \_\_\_\_\_ Neurological \_\_\_\_\_ Musculoskeletal \_\_\_\_\_

Other \_\_\_\_\_ Comments on abnormal findings \_\_\_\_\_

\_\_\_\_\_

I certify that on this date based on my thorough examination of this student, and meeting requirements by school authorities, I have found no reason that would make it medically inadvisable for this person to compete in the sport(s) named above on the form.

BP \_\_\_\_\_  
 VA \_\_\_\_\_  
 HT \_\_\_\_\_  
 PE \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_

Date of examination \_\_\_\_\_