

# BCS Interscholastic Medical Form (Physical)

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## EXAMINATION

PATIENT'S NAME \_\_\_\_\_

- \*1. BP \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_ Vision (R) \_\_\_\_\_ (L) \_\_\_\_\_
- \*2. Cardiovascular Exam \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal      Comments:  
Murmur \_\_\_\_\_yes \_\_\_\_\_no      Describe:
- \*3. Musculoskeletal Exam      Record laxity, weakness, instability, decreased ROM – if abnormal  
Knee \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
Ankle \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
Shoulder \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
(other Orthopedic \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
Problems, e.g., neck, feet, scoliosis)
4. Optional Exam – should be done if history is positive. Comments:  
ENT \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
Chest \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
Abdomen \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
Genitalia \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
Skin \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal
- \*5. ASSESSMENT:      5A. \_\_\_\_\_ No problems identified      5B. \_\_\_\_\_ Other
- \*6. RECOMMENDATIONS:      6A. \_\_\_\_\_ Unlimited      6B. Limited to specific sports  
6C. \_\_\_\_\_ Deferred until: (e.g., rehab, etc.)
- \*7. RE-EXAMINE:      7A. \_\_\_\_\_ Yearly and after any injury that limit participation  
for greater than one week.  
7B. \_\_\_\_\_ comments: \_\_\_\_\_

\*REQUIRED ELEMENTS ARE IN ASTRICK\*

I certify that I have examined the above student and that such examination revealed ( \_\_\_\_\_ conditions  
\_\_\_\_\_ no conditions) that would prevent this student from participation in interscholastic sports.

Are you licensed to practice medicine in the United States      \_\_\_\_\_ yes      \_\_\_\_\_ no

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

If student is not qualified, list reasons for disqualification: \_\_\_\_\_

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarge liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, testicle or ovary, etc.)

# Sport Pre-participation History Form

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Physician's Directions: We recommend repeating the questions listed below and carefully reviewing details of any positive answers.

Yes	No	Don't know		
			1.	Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister) died suddenly before the age of 50?
			2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			3.	Have you ever been told you have a heart murmur or heart problems?
			4.	Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			5.	Has the athlete ever had a bone broken, had to wear a cast or had an injury to any joint?
			6.	Does the athlete have a history of concussion (getting knocked out)?
			7.	Does the athlete have anything he/she wants to talk to the doctor about?
			8.	Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			9.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			10.	Does the athlete take any medicine?
			11.	Is the athlete allergic to any medications or bee stings?
			12.	Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)?
			13.	Do you wear contacts or eye glasses?
			14.	Date of last tetanus booster: DATE:

Elaborate on any positive (yes) answers:

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of parent or guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_