



ATHLETIC/ACTIVITY PHYSICAL

ATHLETE'S NAME (print): _____ DOB: _____ Male Female

School: _____ Grade: _____ ID #: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

PHYSICAL

Physical must last through the end of the season of participation.

The end of season date for each sport is located at <http://asaa.org/calendar/sports/>.

To be performed and completed by a Physician, Advanced Nurse Practitioner or Physician's Assistant.

- | | | |
|---|-----|-----|
| | Yes | No |
| 1. Has anyone in your family died of heart problems or a sudden death before age 50?..... | ___ | ___ |
| 2. Have you ever passed out or had chest pain while or after exercising?..... | ___ | ___ |
| 3. Do you have trouble breathing or do you cough during or after activity?..... | ___ | ___ |
| 4. Have you ever had an illness injury that required hospitalization, surgery or repeated doctor visits?..... | ___ | ___ |

Explain: _____

Age	Height	Weight	Blood Pressure	Vision: R/20	Vision: L/20	Correction: Y N
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INSTRUCTIONS: (O) if normal (X) if abnormal

- | | | | |
|------------------------------|--------------------------------|------------------------|-------------------------------|
| 1. ___ Eyes/Ears/Nose/Throat | 5. ___ Liver/Spleen/Abdomen | 9. ___ Head/Neck | 13. ___ Ankles |
| 2. ___ PERRLA | 6. ___ Genitalia, Tanner Stage | 10. ___ Shoulders/Arms | 14. ___ Other Musculoskeletal |
| 3. ___ Respiratory | 7. ___ Neurological | 11. ___ Knees/Hips | 15. ___ Hearing acuity |
| 4. ___ Cardiovascular | 8. ___ Skin | 12. ___ Back | 16. ___ Lab-UA, HGB/HCT |

Please explain X by indicating #

Comments: _____

I certify that I have on this date examined this pupil and find this pupil physically able to compete in all supervised activities **NOT** circled:

- BASEBALL BASKETBALL CHEERLEADING XC RUNNING XC SKIING FOOTBALL HOCKEY MARCHING BAND
 SCTP TEAM SOCCER SWIMMING/DIVING TRACK VOLLEYBALL WRESTLING WEIGHT LIFTING SOFTBALL

Examining Physician's Signature: _____ Printed name: _____ Date: _____

In accordance with ASAA regulations, all physical exams must be completed by an MD, DO, PA or ANP only.