KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Address:	Primary Phone:	Name:		Birth Date:	Exam Date:	Grade: (2021-2022)
EXAMINER'S NOTE: This examination is for participation at the middle school level (grades 7 - 8). This examination is for participation at the senior high level (grades 9 - 12). Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. Physician: Please review with the athlete details of any positive answers. HISTORY Yes No 1. a. Have you had any illness/injury recently, or do you have an illness/injury now? Have you had a medical problem, illness or injury since your last exam? Do you have any chronic or recurrent illness? Do you have any chronic or recurrent illness? Do you have any chronic or recurrent illness? Do you have any organ missing more than a week? Have you ever bean hospitalized overnight? Have you ever had any illness lassing more than a week? Have you ever had any injuries requiring treatment by a physician? Do you have any organ missing other than tonsilis (appendix, eye, kidney, testicle, etc.)? Do you have any organ missing other than tonsilis (appendix, eye, kidney, testicle, etc.)? Do you have ANY allergies (medicines, bees, foods, or other factors)? Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? Do you have any skin problem with your blood pressure or your heart? Have you ever had any problem with your blood pressure or your heart? Have you ever had any skin problems (acne, itching, rashse, etc.)? Have you ever had requent severe headaches? Do you have any skin problems (acne, itching, rashse, etc.)? Have you ever had near benefits of the problems of the problems? Have you ever had hear to problems (acne, itching, rashse, etc.)? Have you ever had near benefits of the problems of the problems of the problems? Have you ever had a neck injury, head injury or concussion? Have you ever had a neck injury, head injury or concussion? Have you ever had a neck injury, head injury or concussion? Have you ever had a neck injury, head injury or concussion? Have	EXAMINER'S NOTE: This examination is for participation at the middle school level (grades 7 - 8). This examination is for participation at the senior high level (grades 9 - 12). Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. Physician: Please review with the athlete details of any positive answers. HISTORY Yes No 1. a. Have you had any illness/injury recently, or do you have an illness/injury now? b. Have you had a medical problem, illness or injury since your last exam? c. Do you have any chronic or recurrent illness? d. Have you ever bear hospitalized overnight? f. Have you ever bear hospitalized overnight? f. Have you had any surgery other than tonsilectomy? g. Have you ever had any lingures requiring treatment by a physician? g. Have you have had any surgery other than tonsilectomy? g. Have you have had any surgery other than tonsile (appendix, eye, kidney, testicle, etc.)? 2. Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)? 3. Do you have ANY allergies (medicines, bees, foods, or other factors)? 4. Have you ever had chest pain, tizziness, fainting, passing out during or after exercise? b. Do you have had any problem with your blood pressure or your heart? d. Have you ever had any problem with your blood pressure or your heart? d. Have you ever had any problem with your blood pressure or your heart? d. Have you ever had any skin problems (acne, itching, rashes, etc.)? 6. a. Have you ever had a neck injury, head injury or concussion? c. Have you ever had a neck injury, head injury or concussion? have you ever had a neck injury, head injury or concussion? have you ever had a neck injury, head injury or oncoussion? have you ever had a neck injury, head injury or concussion? have you ever had a stand problem with your blood pressure or your heart? have you ever had a fack injury, head injury or concussion? by on ware revealed problems? have you e	Address:_		(City:	Zip:
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Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. Physician: Please review with the athlete details of any positive answers. HISTORY Yes No 1. a. Have you had any illness/injury recently, or do you have an illness/injury now? b. Have you had a medical problem, illness or injury since your last exam? c. Do you have any chronic or recurrent illness? d. Have you ever had any illness lasting more than a week? flave you ever had any illness lasting more than a week? have you ever had any injuriers requiring treatment by a physician? h. Do you have any organ missing other than tonsillectomy? g. Have you ever had any injuriers requiring treatment by a physician? h. Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? 2. Are you presently taking ANY medications (including birth control pill. vitamin, aspirin, etc.)? 3. Do you have ANY allergies (medicines, bees, foods, or other factors)? 4. a. Have you ever had any problem with your blood pressure or your heart? 4. a. Have you ever had any problem with your blood pressure or your heart? 5. Do you have any skin problems (acne, itching, rashes, etc.)? 8. Have you ever had a fasting, convulsions, seizures or severe dizziness? 9. Do you have frequent severe headaches? 1. Have you ever had a fasting, convulsions, seizures or severe dizziness? 9. Have you ever had a fasting, or you fainly not oncussion? 1. Have you ever had a fasting, or you fainly not oncussion? 1. Have you had asthma, trouble breathing, or a cough during or after exercise? 9. Do you wear eyeglasses, contact lenses or protective eyewear? 1. Have you ever had a fasting, or a cough during or after exercise? 9. Have you ever had a nake injury? 1. Have you ever had a nake injury? 1. Have you ever had a nake injury? 1. Have you ever had a have injury have had have problem with your eyes or vision? 1. Have you ever had a nake injury? 1. Have yo	Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. Physician: Please review with the athlete details of any positive answers. HISTORY Yes No 1. a. Have you had any illness/injury recently, or do you have an illness/injury now? b. Have you had an medical problem, illness or injury since your last exam? c. Do you have any chronic or recurrent illness? d. Have you ever bean hospitalized overnight? f. Have you ever bean hospitalized overnight? f. Have you had any surgery other than tonsillectomy? h. Do you have any organ missing other than tonsille (appendix, etsicle, etc.)? 2. Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)? 3. Do you have ANY allergies (medicines, bees, foods, or other factors)? 4. a. Have you ever had dany problem with your blood pressure or your heart? d. Have you ever had any problem with your blood pressure or your heart? d. Have you ever had any problems (ance, ltching, rashes, etc.)? b. Do you have any skin problems (ance, ltching, rashes, etc.)? have you ever had fainting, convulsions, esizures or severe dizziness? b. Do you have request severe headaches? d. Have you ever had enter problems, esizures or severe dizziness? b. Do you have request severe headaches? have you ever had enter for the pressure or your heart? d. Have you ever had is miting ronvulsions, esizures or severe dizziness? b. Do you have request severe headaches? have you ever had enter problems, and the pressure or your heart? d. Have you ever had a "stinger" or "burner" or "pinched nerve"? d. Have you ever had enter problems, and the pressure of your heart. Have you ever had enter the pressure of your deart. have you ever had enter the pressure of your heart. have you ever had enter the pressure of your heart. have you ever had east, pressure the pressure of your heart. have you ever had enter the heart problems, and the pressure of your heart. have you	EXAMINE	ER'S NOTE: This	examination is for participation	at the middle school	<u>level</u> (grades 7 - 8).
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		1. a.	Have you had any illn Have you had a medic Do you have any chro Have you ever had an Have you ever been h Have you ever had an Do you have any orga Are you presently taki Do you have ANY alle Have you ever had an Have you ever had an Have you ever had an Have you ever had fan Do you have any skin Have you ever had fan Do you have frequent Have you ever had an Have you had any me	cal problem, illness or injury since inic or recurrent illness? by illness lasting more than a week aspitalized overnight? gery other than tonsillectomy? by injuries requiring treatment by a sin missing other than tonsils (appeing ANY medications (including birding figes (medicines, bees, foods, or cest pain, dizziness, fainting, passing yor quickly than your friends during yor problem with your blood pressures had heart problems, heart attact problems (acne, itching, rashes, enting, convulsions, seizures or severe headaches? stringer or "burner" or "pinched new knocked out" or "passed out"? neck injury, head injury or concuss that exhaustion, heat stroke, heat or, trouble breathing, or a cough during es, contact lenses or protective ey blem with your eyes or vision? and appliance such as braces, bridgenee injury? any other joint (shoulder, wrist, fir proken bone (fracture)? cast, splint, or had to use crutches equipment for competition (pads, but your weight? had any menstrual problems? dical concerns about participating **** ATHLETE SHOULD NOT WRI**	physician? physician? ndix, eye, kidney, testicle th control pill, vitamin, asp other factors)? ng out during or after exe ng exercise? e or your heart? ok or sudden death before tc.)? vere dizziness? erve"? tion? tamps or similar heat-relating or after exercise? vewear? ne, plate, or retainer? praces, neck roll, etc.)? praces, neck roll, etc.)? proster shot? TE BELOW THIS LINE ***	pirin, etc.)? rcise? e they were age 50? ated problems?

KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT

STUDENT NAME:	EXPIRATION DATE:	
-	(SCHOOL USE ONLY)	

PHYSICAL EXAMINATION

	Age: _	Weight:		Pulse: Blood Pressure:
	Height:	Visual Acuity: Le	eft 20/	
		Rig	ht 20/	
Norm	nal	А	bnormal	
	1.	Head		
	2.	Eyes (pupils), ENT		
	3.	Teeth		
	4.	Chest		
	5.	Lungs		
	6.	Heart		
	7.	Abdomen		
	8.	Genitalia		
	9.	Neurologic		
	10.	Skin		
	11.	Physical Maturity		
	12.	Spine, Back		
	13.	Shoulders, Upper extremities		
	14.	Lower extremities		
PLEA:	SE NOTE:	: THIS EXAMINATION IS FOR A P	ERIOD OF	F 24 MONTHS PER WIAA REGULATION, UNLESS OTHERWISE
NDIC	ATED. A	NEW PHYSICAL EXAMINATION I	S REQUIR	RED PRIOR TO INITIAL PARTICIPATION AT BOTH THE MIDDLE
SCHO	OL LEVE	L (GRADES 7 – 8) AND SENIOR H	IIGH LEVE	EL (GRADES 9 – 12).
Asses	sment:	Full participation at the senion	r high lev	<u>rel</u> (grades 9 - 12).
		Full participation at the midd	le school	level (grades 7 - 8). To be eligible to participate, an examiner
		☐ Limited participation (describe	e limitation	ns, restrictions): <u>must</u> check one of these boxes.
		☐ Participation contraindicated	(list reasor	ns):
Recon	nmendatio	ons (equipment, taping, rehabilitation	n, etc.):	
EXAM	IINER'S SI	IGNATURE:		
KINT	EXAMIN	EK'S NAME:		EXAMINER'S PHONE NUMBER: ()