

ATHLETE NAME: _____ **SPORT:** _____

THIS SIDE TO BE COMPLETED BY A PHYSICIAN.

Physical Examination

Weight _____ Height _____ Nose _____
Eye: Os _____ Os _____ Neck _____
Thorax (deformity) _____ Auscultation _____
Heart Pulse _____ Blood Pressure _____ Blood Type _____
Lungs _____ Hernia _____
Abdomen (scars, masses, etc.) _____ Lower Extremities (range of motion, alignment, scars) _____
Ears: Right _____ Left _____

Neurological Screening

Right _____ BJ TJ KJ KJ Finger-nose Babinski
Left _____

Heart Health Questions About You

1. Have you ever passed out or nearly passed out during exercise? Yes No
2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
3. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

Heart Health Questions About Your Family

1. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? Yes No
2. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
3. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
4. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

If you answered yes to any questions above, please explain: _____

Participation Status

- Full participation
 Limited participation (explain below)
 No participation

Please indicate which sports (if any) this person should not participate in: _____

Comments: _____

Physician who administered this examination (must be an MD, DO, PA-C, or APRN)

- Medical Doctor Doctor of Osteopathy Physician Assistant Advanced Practice Registered Nurse

Physician Name (please print) _____

Physician Address _____
Street City State ZIP

SIGNATURE OF PHYSICIAN

DATE

PLEASE RETURN TO:
800 N. Columbia Ave.
Seward, Nebraska 68434
Attn: Athletics