Louisville Adventist Academy
2988 Newburg Road, Louisville, Kentucky 40205
(502) 452-2965 Office | (502) 742-0829 Fax
www.louisvilleadventistacademy.com | louisvilleadventistacademy@gmail.com

ATHLETIC PARTICIPATION/PARENTAL CONSENT/ PHYSICAL EXAMINATION FORM 2016-2017

PART I – ATHLETE INFORMATION

(To be completed by athlete)

Name (Last, First, Middle Initial) _____

Home Address _____

Date of Birth _____ Birth Place (County, State) _____

Attendance History

Grade	School Name	School Year	Varsity Play? (Y/N)
9			
10			
11			
12			

I am planning to participate in the following (circle all you might try to play):

Basketball Football Soccer Swimming Track Volleyball Other

PART II – MEDICAL HISTORY

(This form must be completed by parent and athlete prior to the time of the physical exam and presented to the authorized health care provider before the physical.)

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:	YES	NO
1. Have you ever been hospitalized?	❑	❑
Have you ever had surgery of any kind (e.g. tonsillectomy)?	❑	❑
2. Are you presently taking any medications or pills?	❑	❑
3. Do you have any allergies (e.g. medicine, bees, other insects)?	❑	❑
4. Have you ever passed out during exercise?	❑	❑
Have you ever had chest pain during or after exercise?	❑	❑
Have you ever had high blood pressure?	❑	❑
Have you ever been told you have a heart murmur?	❑	❑
Have you ever had racing of your heart?	❑	❑
Has anyone in your family died of heart problems before 50?	❑	❑
5. Do you have any skin problems (e.g. itching, rashes, acne)?	❑	❑
6. Have you ever had a head injury?	❑	❑
Have you ever been knocked out or unconscious?	❑	❑
Have you ever had a seizure or suffer from epilepsy?	❑	❑
Have you ever had a stinger, burner or pinched nerve?	❑	❑
7. Have you ever had heat-related problems?	❑	❑
Have you ever been dizzy or passed out in the heat?	❑	❑
8. Do you cough heavily or breathe heavily during activity?	❑	❑
9. Do you use any special equipment (e.g. knee brace)?	❑	❑
10. Have you had any problems with your eyes or vision?	❑	❑
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?	❑	❑
12. Are you missing one of any paired organs (e.g. eyes)?	❑	❑
Have you ever been diagnosed with any form of asthma?	❑	❑
13. Are you using an inhaler for asthma?	❑	❑
14. Are you diabetic?	❑	❑
Do you administer insulin to yourself?	❑	❑
15. Are you presently using tobacco in any form?	❑	❑
16. Do you have a history of sickle cell anemia in your family?	❑	❑
17. Have you had any other medical problems?	❑	❑
18. Have you had a medical problem or injury within the last year?	❑	❑
19. Can you swim?	❑	❑

20. When was your last tetanus shot? _____

Please explain any Yes answers from questions 1-18. _____

_____

PART III – PHYSICAL EXAMINATION

Student Name _____ Sex _____

School _____ Grade _____

Height _____ Weight _____ BP _____/_____ Pulse _____

Vision R-20/_____ L-20/_____ Both-20/_____ Corrected? Y N

	Normal	Abnormal	Comment
Heart			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

I have reviewed the data above, reviewed the student's medical history and make the following recommendations on participation in athletics:

1. Cleared _____
2. Cleared after additional evaluation for _____
3. Restricted from participating in the sports of _____
4. Cleared to participate in the sports of _____

Recommendations/restrictions _____

_____

_____

In accordance with KHSAA bylaws, I have examined the physical condition of the student and find the him/her to be physically fit to practice for and participate in interscholastic athletic contests.

_____ _____

Authorized Provider's Signature Date

_____

Authorized Provider's Name (please print)

_____

Street Address Phone

_____

City, State, Zip Code