# 2023 Birmingham Patriots Physical Form

**HISTORY** Date of Exam _____ Physical must be dated after April 14, 2023

Athlete's Name _____ Sex_____ Age_____ Date of Birth_____
Grade____ School _____
Home Address _____ Phone_____
Athlete's Physician _____
In case of emergency, contact:
Name_____ Relationship_____ Phone 1_____ Phone 2_____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

| | | Yes | No |
|---|---|---|---|
| 1. | Have you had a medical illness or injury since your last check up or sports physical? | † | † |
| | Do you have an ongoing or chronic illness? | † | † |
| 2. | Have you ever been hospitalized overnight? | † | † |
| | Have you ever had surgery? | † | † |
| 3. | Are you currently taking any prescription or nonprescription (over the counter medications) or pills or using an inhaler? | † | † |
| | Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | † | † |
| 4. | Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | † | † |
| | Have you ever had a rash or hives develop during or after exercise? | † | † |
| 5. | Have you ever passed out during or after exercise? | † | † |
| | Have you ever been dizzy during or after exercise? | † | † |
| | Have you ever had chest pain during or after exercise? | † | † |
| | Do you get tired more quickly than your friends do during exercise? | † | † |
| | Have you ever had racing of your heart or skipped heartbeats? | † | † |
| | Have you had high blood pressure or high cholesterol? | † | † |
| | Have you ever been told you have a heart murmur? | † | † |
| | Has any family member died of heart problems or of sudden death before age 50? | † | † |
| | Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | † | † |
| | Has a physician ever denied or restricted your participation in sports for any heart problems? | † | † |
| 6. | Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | † | † |
| 7. | Have you ever had a head injury or concussion? | † | † |
| | Have you ever been knocked out, become unconscious, or lost your memory? | † | † |
| | Have you ever had a seizure? | † | † |
| | Do you have frequent or severe headaches? | † | † |
| | Have you ever had numbness or tingling in your arms, hands legs or feet? Have you ever had a stinger, burn, or pinched nerve? | † | † |
| 8. | Have you ever become ill from exercising in the heat? | † | † |
| 9. | Do you cough, wheeze, or have trouble breathing during or after activity? | † | † |
| | Do you have asthma? | † | † |
| | Do you have seasonal allergies that require medical treatment? | † | † |

| | | Yes | No |
|---|---|---|---|
| 10. | Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | † | † |
| 11. | Have you had any problems with your eyes or vision? | † | † |
| | Do you wear glasses, contacts or protective eyewear? | † | † |
| 12. | Have you ever had a sprain, strain or swelling after injury? | † | † |
| | Have you broken or fractured any bones or dislocated any joints? | † | † |
| | Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? | † | † |

If yes, check appropriate box and explain below.

| | | |
|---|---|---|
| † Head | † Elbow | † Hip |
| † Neck | † Forearm | † Thigh |
| † Back | † Wrist | † Knee |
| † Chest | † Hand | † Shin/calf |
| † Shoulder | † Finger | † Ankle |
| † Upper arm | | † Foot |

| | | | |
|---|---|---|---|
| 13. | Do you want to weigh more or less than you do now? | † | † |
| | Do you lose weight regularly to meet weight requirements for your sport? | † | † |
| 14. | Do you feel stressed out? | † | † |

15. Record the date of your most recent immunizations (if known) for:
Tetanus_____ Measles_____
Hepatitis B_____ Chickenpox_____

FEMALES ONLY

16. When was your first menstrual period?_____
When was your most recent menstrual period?_____
How much time do you usually have from the start of one period to the start on another?_____
How many periods have you had in the last year?_____
What was the longest time between in the last year_____

Explain "Yes" answers here:_____

I hereby give my consent to the BUYFO (aka Birmingham Patriots), OMYFA and MHSAA of information otherwise protected by FERPA and HIPPA for the sole purpose of determining eligibility for athletic competition. I also hereby state, to the best of my knowledge, my answers to the above are complete and accurate.

Signature of parent / guardian _____ Date _____

# 2023 Birmingham Patriots Physical Form

**OMYFA League requires physical dated after 4/14/23**

Athlete's Name _____ Date of Birth_____

Height_____ Weight_____ % Body fat (optional)_____Pulse_____BP____/____(____/___, ____/___)

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal _____ Unequal ____

| | NORMAL | ABNORMAL FINDINGS | INITIALS |
|---|---|---|---|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (Males only) | | | |
| Skin | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot | | | |

* Station based examination only

## CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation / rehabilitation for:_____

_____

☐ Not Cleared - Reason:_____

Recommendation: _____

_____

Name of Physician (Print) _____ Date:_____

Office Address: Phone:

Signature of Physician or PA MD, DO, PA

PHYSICIAN OFFICE STAMP REQUIRED BELOW

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