

2024 Birmingham Patriots Physical Form

HISTORY

Date of Exam _____

Physical must be dated after April 14, 2024

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		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?	†	†	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)?	†	†
2. Have you ever been hospitalized overnight? Have you ever had surgery?	†	†	11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?	†	†
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?	†	†	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.	†	†
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?	†	†	† Head † Elbow † Hip † Neck † Forearm † Thigh † Back † Wrist † Knee † Chest † Hand † Shin/calf † Shoulder † Finger † Ankle † Upper arm † Foot	†	†
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?	†	†	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?	†	†
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	†	†	14. Do you feel stressed out?	†	†
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?	†	†	15. Record the date of your most recent immunizations (if known) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____		
8. Have you ever become ill from exercising in the heat?	†	†	FEMALES ONLY		
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?	†	†	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 _____

2024 Birmingham Patriots Physical Form

OMYFA League requires physical dated after 4/14/24

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