

# Texas Home Educators Sports Association, Inc.

## Sports Physical Exam

Date of exam \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Primary care physician \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Answer "Yes" or "No"

Explain "Yes" answers below

|  |   |   |
|--|---|---|
| Have you had an illness or injury since your last physical?                                      | Y | N |
| Have you ever been excluded from playing sports due to injury/illness?                           | Y | N |
| Have you ever been hospitalized overnight?   | Y | N |
| Have you ever had surgery?   | Y | N |
| Do you have any chronic medical conditions (asthma, diabetes, sickle cell)?                      | Y | N |
| Do you take any medications for have you taken medications in the past (other than antibiotics)? | Y | N |
| Have you ever been told that you have a heart murmur?  | Y | N |
| Do you have allergies to food, medications, or insects?  | Y | N |
| Have you ever had chest pain during or after exercise?   | Y | N |
| Have you ever felt dizzy during or passed out exercise?  | Y | N |
| Do you get very short of breath during exercise?   | Y | N |
| Do you think you fatigue too early during exercise?  | Y | N |
| Does anyone in your family have heart disease?   | Y | N |
| Has anyone in your family died suddenly before the age of 50?                                    | Y | N |
| Have you ever had a concussion or been knocked out?  | Y | N |
| Have you ever broken or fractured any bones or dislocated any joints?                            | Y | N |
| Have you ever had a sprain, strain, or swelling after an injury?                                 | Y | N |
| Have you had a tetanus shot within the last 10 years?  | Y | N |

Explain "yes" answers here

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Signature of parent or guardian \_\_\_\_\_

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### Physical Examination

Name \_\_\_\_\_  
 Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_  
 Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected? Y N

| Medical                             | Normal | Abnormal Findings |
|-------------------------------------|--------|-------------------|
| General Appearance                  |        |                   |
| Pupils                              |        |                   |
| Ears, nose, throat                  |        |                   |
| Lymph nodes                         |        |                   |
| Heart:<br>Rate<br>Rhythm<br>Murmur? |        |                   |
| Peripheral Pulses                   |        |                   |
| Lungs                               |        |                   |
| Abdomen                             |        |                   |
| Skin                                |        |                   |
| Orthopedic                          |        |                   |
| Cervical ROM                        |        |                   |
| Scoliosis                           |        |                   |
| Shoulder                            |        |                   |
| Elbow/forearm                       |        |                   |
| Wrist/hand/fingers                  |        |                   |
| Hip                                 |        |                   |
| Hamstrings                          |        |                   |
| Knee                                |        |                   |
| Ankle/foot                          |        |                   |

9 Cleared for full participation

9 Cleared pending further investigation for

\_\_\_\_\_

9 Not cleared because

\_\_\_\_\_

Recommendations

\_\_\_\_\_

Name of physician (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of physician \_\_\_\_\_