## APPROVED PHYSICAL EXAMINATION FORM FOR EL PASO COUNTY

The schools strongly recommend health examinations in kindergarten or first grade, and in the fourth, seventh, and tenth grades, plus students new to the schools, and those with health problems in any other grade.

To be used by physicians for schools, nurseries, day and childcare, campgrounds, and other activities. In order for the child's school or special program to be adjusted to his/her physical condition, it is necessary for the school or program to have a report of his/her health examination.

El Paso County Department of Health and Environment TO BE COMPLETED BY PARENT: Athlete's Name \_\_\_\_\_\_ Age \_\_\_\_\_ School or Activity Grade Athlete's Address \_\_\_\_\_\_ MALE / FEMALE Parent's Name TO BE COMPLETED BY PHYSICIAN: Physical Findings: Blood Pressure Significant illnesses, accidents, allergies, Height \_\_\_\_\_ operations, congenital, family history, etc. Weight \_\_\_\_\_ Vision R L Hearing R L Are you aware of any need to screen for learning disabilities? Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Specific medical recommendations: Throat \_\_\_\_\_ Glands \_\_\_\_ Cleared for sports: YES Lungs \_\_\_\_\_ NO Abdomen Extremities \_\_\_\_\_ Genitalia Back/Scoliosis Check \_\_\_\_\_ Other \_\_\_\_\_ (Physician Stamp) Signature of Examining Physician Clinic name (building, hospital, etc) Address Date of Examination

## **HEALTH HISTORY FORM**

## TO BE COMPLETED BY $\underline{\mathsf{PARENT}}$ :

| Athlete's | s Name  | ;             |  |   | Age                 | GRADE                           |  |
|-----------|---------|---------------|--|---|---------------------|---------------------------------|--|
|           |         | nt's Direct   | tions: Please review all ge.                         | l questions with your p   | parent or guard     | ian and answer them to          |  |
| Yes       | No      | Don't<br>Know |  |   |                     |                                 |  |
| 103       | 110     | 1             | . Has anyone in the athlete died suddenly before the | e's family (grandmother, n<br>age of 50 years?  | nother, father, bro | ther, sister, aunt, uncle)      |  |
|           |         | 2             | 2. Has the athlete ever pass                         | ever passed out during exercise or stopped exercising because of dizziness?   |                     |                                 |  |
|           |         | 3             | 3. Does the athlete have as                          | Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?  Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?  Does the athlete have a history of a concussion (getting knocked out)?  Has the athlete ever suffered a heat-related illness (heat stroke)? |                     |                                 |  |
|           |         |               | 4. Has the athlete ever brok                         |   |                     |                                 |  |
|           |         |               | 5. Does the athlete have a h                         |   |                     |                                 |  |
|           |         |               | 6. Has the athlete ever suff                         |   |                     |                                 |  |
|           |         |               | 7. Does the athlete have an                          | ything he or she wants to d   | liscuss with the pl | hysician?                       |  |
|           |         |               |  | chronic illness or see a phy  | _                   |                                 |  |
|           |         |               | 9. Does the athlete take any                         |   |                     |                                 |  |
|           |         |               | ·  | Is the athlete allergic to any medications or to bee stings?  |                     |                                 |  |
|           |         |               | _  |   |                     | neys, testicles, ovaries, etc.) |  |
|           |         | 1             | 1. Does the atmete have an                           | y one of any paned organ:   | (eyes, ears, kiun   | leys, testicies, ovaries, etc.) |  |
| Elaborate | e on an | v positive    | e answers:   |   |                     |                                 |  |
|           |         | J Passes      |  |   |                     |                                 |  |
|           |         |               |  |   |                     |                                 |  |
|           |         |               |  |   |                     |                                 |  |
| [ have an | iswered | d and revio   | ewed the questions abov                              | e and give permission   | for my child to     | o participate in sports.        |  |
| Sig       | nature  | of Parent     | t or Guardian  | Date  |                     | Phone                           |  |
| Pri       | nted P  | arent Nan     | <br>ne   |   |                     |                                 |  |