PHYSICAL EXAMINATION

Optional

Urinalysis:
Body Fat %:
HCT:
EST VO2 Max:
Audiometry:

Name _____

Age _____ Pulse _____

Height _____ Blood Pressure _____

Weight _____ Visual Acuity: Left 20/_____ Right 20/_____

Normal			Abnormal
☐	1.	Head	☐ _____
☐	2.	Eyes (pupils), ENT	☐ _____
☐	3.	Teeth	☐ _____
☐	4.	Chest	☐ _____
☐	5.	Lungs	☐ _____
☐	6.	Heart	☐ _____
☐	7.	Abdomen	☐ _____
☐	8.	Genitalia	☐ _____
☐	9.	Neuralgic	☐ _____
☐	10.	Skin	☐ _____
☐	11.	Physical Maturity	☐ _____
☐	12.	Spine, Back	☐ _____
☐	13.	Shoulders, Upper extremities	☐ _____
☐	14.	Lower extremities	☐ _____

Assessment: ☐ Full participation

☐ Limited participation *(describe limitations, restrictions):*

☐ Participation contraindicated *(list reason):*

_____

_____

ATTENTION WRESTLERS! If applicable:

Wrestling Weight Recommendations: I recommend that the student designated above should not be allowed to wrestle any weight less than the indicated classification circled herewith:

Junior High	78	85	90	95	100	105	110	115	120	125	130	137	145	154	164	175	210	275
High School	103	112	119	125	130	135	140	145	152	160	171	189	215	275				

Note: Contestants will wrestle "scratch" weight throughout the entire season. There will be no weight allowance.

Unlimited must weigh over 190.

Date _____ Examiner's Signature _____

Examiner's Phone ( ) _____ Examiner's Name Printed _____

Completed Doctors Clinic Physical – Date: _____

Washington Interscholastic Activities Association (WIAA)

PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name _____ Birth Date _____ Exam Date _____

Address _____
City *Zip*

Phone ( ) _____ Sport(s) _____

HISTORY

		Yes	No	
1.	a.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
	b.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
	c.	☐	☐	Do you have any chronic or recurrent illness?
	d.	☐	☐	Have you ever had any illness lasting more than a week?
	e.	☐	☐	Have you ever been hospitalized overnight?
	f.	☐	☐	Have you had any surgery other than tonsillectomy?
	g.	☐	☐	Have you ever had any injuries requiring treatment by a physician?
	h.	☐	☐	Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2.		☐	☐	Are you presently taking ANY medications (including birth control pills, vitamins, aspirin, etc.)?
3.		☐	☐	Do you have ANY allergies (medicine, bees, foods, or other factors)?
4.	a.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
	b.	☐	☐	Do you tire more easily or quickly than your friends during exercise?
	c.	☐	☐	Have you ever had any problem with your blood pressure or your heart?
	d.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5.		☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
6.	a.	☐	☐	Have you ever had fainting, convulsions, seizures, or severe dizziness?
	b.	☐	☐	Do you have frequent severe headaches?
	c.	☐	☐	Have you ever had a "stinger" or "burner" or "pinched nerve"?
	d.	☐	☐	Have you ever been "knocked out" or "passed out"?
	e.	☐	☐	Have you ever had a neck or head injury?
7.		☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
8.		☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
9.	a.	☐	☐	Do you wear eyeglasses, contact lenses or protective eye wear?
	b.	☐	☐	Have you ever had any problem with your eyes or vision?
10.		☐	☐	Do you wear any dental appliance such as braces, bridge, plate, retainer?
11.	a.	☐	☐	Have you ever had a knee injury?
	b.	☐	☐	Have you ever had an ankle injury?
	c.	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
	d.	☐	☐	Have you ever had a broken bone (fracture)?
	e.	☐	☐	Have you ever had a cast, splint, or had to use crutches?
	f.	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12.		☐	☐	Has it been more than five years since your last tetanus booster shot?
13.		☐	☐	Are you worried about your weight?
14.		☐	☐	FEMALES: Have you any menstrual problems?
15.		☐	☐	Have you any medical concerns about participating in your sport?

(Athlete should not write below this line)

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

_____

_____

_____

_____

_____