

Maryland Twisters Special Athlete Program Physical Evaluation

(This section to be completed by physician/nurse practitioner/physician assistant)

PHYSICAL EXAMINATION

DATE OF EXAM _____

NAME _____

DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ PULSE _____ BP _____

	NORMAL	ABNORMAL FINDING	INITIALS
<u>MEDICAL</u>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
<u>MUSCULOSKELETAL</u>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for [Sport(s)]: _____ Reason: _____
 Recommendation: _____

Name of physician/nurse practitioner/physician assistant _____ Date: _____
 Address: _____ Phone: _____
 Signature of physician/nurse practitioner/physician assistant: _____

The section below to be completed by athlete and parent/guardian:

Name: _____ Sex: _____ Age: _____ Date of Birth: _____ Grade: _____
 Address: _____

Explain "Yes" answers below.

	Yes	No	
1. Have you had a medical illness or injury since your last check up/sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you currently taking any medications, including inhalants? If yes, what?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you currently diagnosed with any condition(s) that would affect your sport?	<input type="checkbox"/>	<input type="checkbox"/>	

Explain "Yes" answers here: _____

We hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature of Athlete: _____ Signature of parent/guardian: _____ Date: _____