



St Johns Youth Athletic Association Screening Physical

St Johns Jr. RedWings
P.O. Box 113
St. Johns, MI 48879

Name _____ Date _____

Date of Birth _____ Age _____ Grade _____

Pre-Participation Evaluation History

To be completed by Parent/Guardian

If yes, Please Explain:

	Yes	NO
1. Have any members of your family under the age 50 had a "heart attack" or "heart problems"?	_____	_____
2. Has your child ever been told he/she has a heart murmur, high blood pressure, extra heart beats, or a heart abnormality?	_____	_____
3. Does your child have to stop while running around a track twice (1/4 mile)?	_____	_____
4. Is your child regularly taking any medication? Name _____ Dose _____	_____	_____
5. Has your child ever "passed out" or been "knocked out" (concussion) or experienced seizures of any type? Describe.	_____	_____
6. Please describe briefly any illness, condition, or injury affecting your child that:	_____	_____
a. Required him/her to be treated by a physician or go to the hospital either as a patient overnight or in the emergency room or for x-rays?	_____	_____
b. Required an operation?	_____	_____
c. Lasted longer than a week?	_____	_____
d. Caused him/her to miss a game or practice?	_____	_____
e. Is related to allergies (hay fever, hives, asthma, or medicine)?	_____	_____
7. Fractures or joint problems, explain:	_____	_____

PARENT AUTHORIZATION

I hereby give my permission for the doctors to examine my son/daughter for participation in sports. I hereby give my consent for the above student to engage in physical education, intramurals, and interscholastic athletics. I also give my consent for the student to accompany the team on out-of-town trips.

Home: _____ Work: _____
Home Phone Work Phone Signature of Parent/Guardian

For Physician's Use Only

PRE-PARTICIPATION EVALUATION - PHYSICAL

Check Box if
Satisfactory

1. B.P. (Sitting) _____ / _____

2. Vision: Left 20/_____ Right 20/_____

3. Height: _____

4. Weight: _____

5. Skin: _____

Mouth (teeth, bridge, false teeth) _____

Eyes: Pupils - L _____ R _____

6. Chest: Pulse/Rhythm/Murmurs/Lungs _____

7. Hernia: _____

8. Orthopedic Status: _____

I hereby certify that this student was examined and is physically able to compete in supervised athletics.

Disposition: No Participation

 Limited Participation

 Full Participation

Recommendations: _____

Date

Reviewing Physician