SCREENING EXAM FOR ATHLETIC PARTICIPATION

NAME _____DATE_____
DATE OF BIRTH_____
ADDRESS_____
KNOWN ALLERGIES_____
DATE OF LAST TETNUS BOOSTER SHOT_____
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS), SUPPLEMENTS_____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

_____Ongoing or chronic illness
_____Hospitalized overnight
_____Chest pain during exercise
_____High blood pressure
_____Asthma
_____Surgery
_____Passed out or dizziness after exercise
_____Heart murmur
_____Seizures
_____Concussion or loss of consciousness
_____Cough, wheezing, or trouble after or during exercise
_____Racing of your heart or skipped heartbeats
_____Family member or relative who died of heart disease or sudden death before age 50
_____Problems with eyes (decreased vision, eyeglasses, contact lenses)
_____Orthopedic injuries (sprains, fractures, ligament damage). Please describe:
_____

I certify that the above information is complete and correct.
Signature:_____Date:_____

PHYSICAL EXAM BP_____PULSE_____HT_____WT_____

Please check if ABNORMAL and explain:

_____Eyes/ears/nose/throat
_____Lymph nodes
_____Heart
_____Pulses
_____Lungs
_____Abdomen
_____Genitalia/hernia
_____Skin
_____Neck
_____Back
_____Shoulder/upper arm
_____Elbow/forearm
_____Wrist/forearm
_____Hip/upper leg
_____Knee
_____Lower leg/ankle/foot

EXPLANATION OF ABNORMALS:_____

_____Cleared for all athletic activities
_____Not cleared for all athletic activities
Reason_____
Restrictions/Recommendations:_____

Signature of Examiner:_____Date:_____
Printed name of Examiner_____
Address of Examininer_____
_____

** This exam must be conducted within one year prior to the start of the camp.

INSURANCE INFORMATION
(parent/guardian please fill out)

SUBSCRIBER:_____ RELATIONSHIP TO CAMPER:_____
SUBSCRIBER'S DATE OF BIRTH_____ SUBSCRIBER'S EMPLOYER:_____
NAME OF INSURANCE COMPANY:_____
CLAIMS MAILING ADDRESS:_____
POLICY NUMBER:_____ GROUP NUMBER_____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

_____ _____
Parent/Guardian Signature Date