

Grace Classical Academy
Athletic Pre-Participation Physical Examination
 Phone: 410-734-6111 Email: office@graceclassicalmd.org

Student Name: _____ Street: _____
 Date of Birth: _____
 Grade: _____ City, State, Zip: _____
 Gender: Male Female Home Phone: _____

In Case of Emergency, Contact:
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Insurance Co. _____ Policy #: _____ Insured: _____

To be completed by examining physician/nurse practitioner/physician assistant

EXAM DATE _____

Height _____ Weight _____ Eyes: R20/ _____ L20/ _____ Corrected? Y / N
 Pupils: Equal/Unequal Pulse: _____ Blood Pressure: _____

<u>MEDICAL</u>	<u>Normal</u>	<u>Abnormal Finding</u>	<u>MUSCULOSKELETAL</u>	<u>Normal</u>	<u>Abnormal Finding</u>
Appearance	_____	_____	Neck	_____	_____
Eyes/Ears/Nose/Throat	_____	_____	Back	_____	_____
Lymph Nodes	_____	_____	Shoulder/Arm	_____	_____
Heart	_____	_____	Elbow/Forearm	_____	_____
Pulses	_____	_____	Wrist/Hand	_____	_____
Lungs	_____	_____	Hip/Thigh	_____	_____
Abdomen	_____	_____	Knee	_____	_____
Genitals (Male Only)	_____	_____	Leg/Ankle	_____	_____
Skin	_____	_____	Foot	_____	_____

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for:

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

I certify that I have on this date examined the above student and I have found no medical reason to disqualify him/her from participating in all supervised athletics and physical education activities with the exception of: _____

Name of physician/nurse practitioner/ physician assistant _____

Signature of physician/nurse practitioner/ physician assistant _____

PHYSICIAN STAMP:

**COMPLETE THE FOLLOWING INFORMATION.
SIGNATURE REQUIRED BY PARENT/GUARDIAN**

Circle “Yes” or “No” and explain “Yes” answers below.

- | | |
|--|--|
| 1. Have you had a medical illness or injury since your last exam?
Do you have an ongoing or chronic illness? | Yes / No
Yes / No |
| 2. Have you ever had surgery? | Yes / No |
| 3. Are you currently taking any prescription or non-prescription medication or using an inhaler? | Yes / No |
| 4. Do you have any food or drug allergies?
If yes, do you carry an epinephrine injector? | Yes / No
Yes / No |
| 5. Have you ever passed out or been dizzy during exercise?
Have you ever had chest pain during exercise?
Have you had a viral infection within the last month (i.e., mononucleosis)?
Have you had a bacterial infection within the last month (i.e., staphylococcus)?
Has a physician ever denied or restricted your sports participation because of heart problems? | Yes / No
Yes / No
Yes / No
Yes / No
Yes / No |
| 6. Do you have any current skin problems (i.e., rash, fungus, hives)? | Yes / No |
| 7. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious, or lost memory?
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had a “stinger”, “burner”, or pinched nerve? | Yes / No
Yes / No
Yes / No
Yes / No
Yes / No |
| 8. Have you ever become ill from exercising in the heat? | Yes / No |
| 9. Do you cough, wheeze, or have trouble breathing during exercise?
Do you have asthma?
Do you have seasonal allergies that require medical treatment? | Yes / No
Yes / No
Yes / No |
| 10. Do you require special protective or corrective equipment that you use during exercise? | Yes / No |
| 11. Do you wear glasses, contacts, or protective eyewear? | Yes / No |
| 12. Have you ever had a sprain, strain, fracture, or dislocation? | Yes / No |
| 13. Record the dates of your most recent immunizations for:
Tetanus _____ Hepatitis B _____ Measles _____ Chickenpox _____ | |
| 14. Has a doctor ever told you or a family member that you/they have sickle cell trait or sickle cell disease? | |

Females Only:

15. At what age was your first menstrual cycle? _____ When was your last menstrual cycle? _____
How many menstrual cycles do you have in a year? _____

Explain “Yes” answers here: _____

**PRE-PARTICIPATION COVID-19
Supplemental Questions for Student’s Physical**

1. Have you been affected by any serious side effects from Covid-19 or the Covid-19 vaccine? Yes / No
If yes, when? _____
If yes, what were your symptoms? _____

Parental Permission/ Waiver/ Medical Authorization

- Permission is hereby given for the student named above to participate in the Grace Classical Academy (GCA) athletic program. I certify that my child is in good health and know of no physical conditions, which by participation, would endanger my child’s health.
- Consent is given, in the event of illness or injury, for administration of reasonable and prudent first-aid, emergency or professional medical care. I hereby release, discharge, and waive all claims and causes of action against all coaches, teachers, athletic directors, athletic trainers, and staff members of GCA, as well as the school itself from any damages and injuries that might be incurred during any team practice, game, meeting, or during transportation to and from these activities.
- Consent is given for my child to be transported by bus or parent-organized car pool to and from games and off-campus practice facilities when necessary.
- I support the school’s administration of team functions including: discipline, scheduling, playing-time in games, and eligibility. I also pledge to observe all guidelines of Christian sportsmanship including respect and courtesy for players, coaches, officials, and other fans.

Parent/Guardian Signature _____ **Date** _____

Release of Medical Information Authorization

By signing “Yes”, I authorize the release of medical information to or between: (a) administrative personnel of the Grace Classical Christian Athletic Department concerning injuries or illnesses relating to my participation in athletics, past, present, or in the future, and (b) coaching staffs.

YES I agree to the release of medical information to help determine the best course of treatment for my child.

Parent/Guardian Signature _____ **Date** _____

No I do not agree to the release of medical information.

Parent/Guardian Signature _____ **Date** _____