



TRYOUT SPORTS PHYSICAL EXAM



Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

BP Re-Check (if necessary): \_\_\_\_\_

Medical	Normal	Abnormal Findings
Heart		
Lungs		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

NO CONCERNS

CONCERNS/NEEDS TO FOLLOW UP ON:

\_\_\_\_\_

Signature of M.D. \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_



# PRE-SCREEN SPORTS HISTORY



## SPORT: CHEERLEADING

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Current School: \_\_\_\_\_ Position: \_\_\_\_\_

### HISTORY:

Y  N 1. Have you ever had surgery?

If yes, list and explain: \_\_\_\_\_

Y  N 2. Have you ever passed out during or after exercise?

Y  N 3. Have you ever been dizzy during or after exercise?

Y  N 4. Do you get tired more quickly than your friends do during exercise?

Y  N 5. Have you ever had racing heart or skipped heartbeats?

Y  N 6. Have you ever had chest pain during or after exercise?

Y  N 7. Have you ever, or do you have high blood pressure?

Y  N 8. Have you ever been told you have a heart murmur?

Y  N 9. Do you or anyone in your family have Marfan Syndrome?

Y  N 10. Have you broken or fractured any bones or dislocated any joints?

If yes, list and explain: \_\_\_\_\_

Y  N 11. Do you have, or have you had any major injuries to any part of your body (i.e.: concussions, sprains, torn ligaments, etc.)? If yes, list and explain: \_\_\_\_\_

Y  N 12. Have you had other problems with pain or swelling in muscles, tendons, bones, or joints?

If yes, list and explain: \_\_\_\_\_

Y  N 13. Are there any other concerns about your medical/health history that you would like to share?

If yes, list and explain: \_\_\_\_\_

By signing this, I hereby certify, to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during this physical may be used for research purposes.

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_