Santa Ana Unified School District

**SPORTS PHYSICAL SCREENING EVALUATION FORM**

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

Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport(s)/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I hereby give my consent for the above named student (son, daughter, ward) to compete in sports and to go with a representative of the school on any trips. We understand that while the risk of serious injury is low, a serious injury or death can occur as a result of athletic participation.

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. I hereby give my permission for a screening evaluation.

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH HISTORY: To be completed by parents BEFORE physician screening.**

 YES NO YES NO

Head Injury/Concussion \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Bone/joint disorders (broken bones,

Eye/Ear Problems \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ dislocations, trick joints, arthritis) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Disease/Surgery \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Heart trouble, rheumatic fever \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Dizzy spells, fainting or convulsions \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Anemia, leukemia, bleeding disorders \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Tuberculosis, asthma, bronchitis \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Ulcers, stomach trouble \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Diabetes, hepatitis, jaundice \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Hernia \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Taking medication regularly \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**If answered YES above, give details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FITNESS ASSESSMENT**

 WEAKNESS / SATISFACTORY WEAKNESS / SATISFACTORY

Lower body flexibility \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Upper body flexibility \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Adductor/abductor flex. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Ballistic speed \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Upper body strength \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Lower body strength \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Cardio vascular assessment \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Past athletic injury (last 12 months) treated by trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL EXAMINATION FORM:** To be completed by a Physician.

Height: \_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_ Heart Rate: \_\_\_\_\_\_\_\_\_\_\_ Blood Pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Chart: R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Glasses/Contacts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEART \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRACES/TEETH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LUNGS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BACK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABDOMEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXTREMITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HERNIA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_ NO RESTRICTION for athletic participation**

**OR**

**\_\_\_\_\_\_\_\_\_\_ RESTRICTED PARTICIPATION to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Physician’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp of Physician’s Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Santa Ana Unified School District STUDENT ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_