

NCA Sports Physical 2018-19

Examination **must occur after April 15** to be valid for the following school year.

Patient's History (to be completed by parent)			
Athlete:	Age:	T-Shirt Youth/Adult Size:	Grade (2018-2019):
	No	Yes	Please explain any answers (1-8) that are checked YES:
1. Has any of your family under age 50 had a heart attack or heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever been told you have a heart murmur, high blood pressure, extra heart beats, or a heart abnormality?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever "passed out" or been "knocked out" (concussion)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever had any illness, condition, or injury that:	<input type="checkbox"/>	<input type="checkbox"/>	
a. required x-rays or an overnight stay in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
b. required an operation?	<input type="checkbox"/>	<input type="checkbox"/>	
c. lasted longer than a week?	<input type="checkbox"/>	<input type="checkbox"/>	
d. caused you to miss a game or practice?	<input type="checkbox"/>	<input type="checkbox"/>	
e. is related to allergies, hay fever, hives, asthma, or medicine?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever been told not to participate in any sport?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you take any kind of medicine regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have any family members died suddenly under the age of 40 of causes other than an accident?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have any worries about your health or other questions you would like to discuss with a physician?	<input type="checkbox"/>	<input type="checkbox"/>	

Physical Examination (to be completed by Physician)

Height _____	Weight _____	Vision: Left _____ Right _____
--------------	--------------	--------------------------------

Blood Pressure: Pre Run _____ / _____ Post Run _____ / _____
--

Pupils: Left _____ Right _____

Check if negative:	
Skin	
Shoulders	
Arm/Elbows/Wrist/Hand	
Knees	
Ankles	
Disposition	

Chest:	Heart Satisfactory - Unsatisfactory
	Lungs Satisfactory - Unsatisfactory

Participation:	
Full: _____	No/Limited: _____ Explain: _____

Physician's Signature: _____ **Date:** _____

Physician's Address: _____

I acknowledge that the NCA Sports Physical taken today is in fact only a sport physical. This examination should in no way replace a student's annual physical with his/her physician. In the event of an injury during any aspect of a student's participation in the sporting activity, I hereby release examination physician, Novi Christian Academy, a ministry of Brightmoor Christian Church, it's officers, boards members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the below named child resulting directly or indirectly from my child's participation in the activities.

(Athlete's Name – PLEASE PRINT)

(Parent's Name – PLEASE PRINT)

(Date)

(Parent's Signature)