

# Lincoln High School Athletics – History and Physical Exam Form

Participants in organized athletics at Lincoln High School are required to have a history and physical exam performed by a health care Professional prior to participation in their sport(s). Participants can have an exam performed by their personal physician, or at the Athletic History and Physical Exam event. **Please fill in the first page of this form before going in for your History and Physical.**

Name: \_\_\_\_\_ Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds **\*\*\*PLEASE TYPE!\*\*\***

Sport(s) Played: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Allergies to Medications

### Allergies to Foods

Name of Medicine / Reaction	Type of Food / Reaction

Please Continue On A Separate Page If Needed

### Medications

Name of Medicine	Dose	mg.	How Taken
		mg.	
		mg.	
		mg.	
		mg.	

Please Continue On A Separate Page If Needed

### Medical History

yes or no

Are You Being Treated By A Doctor For Any Medical Problems?	
Have You Ever Had Any Heart Problems, Or Heart Surgery?	
Have You Ever Had A Heart Murmur?	
Do You Currently Have A Heart Murmur?	
Has Anyone In Your Extended Family Died Of Sudden Cardiac Death?	
Has Anyone In Your Extended Family Been Diagnosed With Hypertrophic Cardiomyopathy (HCM) or Idiopathic Hypertrophic Subaortic Stenosis (IHSS)	
Have You Experienced Breathlessness?	
Have You Ever Been Diagnosed With Asthma Or Breathing Problems?	
Do you Snore Heavily, Wake Up Frequently at Night, or Fall Asleep During the Day?	
Have You Ever Had A Seizure Or Lost Consciousness?	
Have You Ever Been Diagnosed As Having A Neurologic Disease? (Deafness = Cardiac Clearance)	
Do You Have Diabetes, Thyroid Disease Or Any Other Endocrine Problems?	
Do You Have Any Infectious Diseases That Can Be Transmitted Through A Cut? (Hepatitis B or C, HIV or AIDS)	
Do You Currently Have Any Hernias? (A Bulge in your groin, belly button, or incisions when you cough or bear down when pushing out a bowel movement.)	

Please Give Details Of Any Yes Answer On A Separate Page

### Please List All Operations And Hospitalizations

Hospitalizations / Dates	Operations / Dates

Please Continue On A Separate Page If Needed

### Immunizations (Please Type in Date of Last Injection)

Tetanus	Meningococcus	DPT (Pertussus)	
Hepatitis B	Pneumococcus	Chicken Pox	

Please list date if infection occurred prior to immunization

Athletes's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

**Vital Signs:**

Blood Pressure	R:	L:		Pulse Oximeter Saturation	%
Pulse			bpm	Temperature	°F

**Standardized Physical Exam**

Abnormalities

Eye Range of Motion	WNL	
Gross Vision Check	WNL	
Glasses Required?	WNL	
Gross Hearing Check	WNL	
Oral Exam	WNL	
Cardiac Rhythm	WNL	
Heart Murmurs	WNL	
Stand to Squat (↓ HCM)	WNL	
Squat to Stand (↑ HCM)	WNL	
Lung Exam	WNL	
Inguinal Hernia	WNL	

**Other:**


Physician's Recommendations:

- Full Participation Without Limitations
- Further Evaluation Necessary

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date