International Community School

Educating Minds and Transforming Lives to Impact the World for the Glory of God

Medical Examination Form For Competitive Sports

This REQUIRED form is to be completed for all Middle school and High school students participating in competitive sports. It is to be completed and signed by a parent and physician BEFORE a student attends after-school sports activities, each school year.

ICS reserves the right to withhold a student from competitive sports until this form is complete in full and returned to the Admissions Office.

Name:_____ Sex: M / F Sports:_____

First (given) *Last(family)*

BirthDate:_____ Age _____ Grade: _____ Examination Date: _____

Allergies: ☐ Y ☐ N If yes, please identify specific allergy below.

Medicine: ☐ Pollen: ☐ Insects: ☐ Food: ☐

Reactions: _____ Treatment:_____

Current Medications	Dosage	Purpose

TO BE FILLED OUT BY PHYSICIAN:

Vital Signs

Height:_____ Weight: _____

B/P: _____ Heart rate:_____

Physical Assessment	Normal	Abnormal	Remarks
Head			
Eyes			
ENT			
Dental			
Chest			
Heart			
Abdomen			
Skin			
Extremities			
Spine			

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TO BE FILLED OUT BY PHYSICIAN:			
Health Assessment	**YES**	**NO**	**EXPLAIN**
Chronic/recurrent illness			
Hospitalization			
Surgery			
Heat exhaustion/stroke			
Dizziness/fainting/headaches			
Convulsions/fits			
Concussion			
Wears glasses/contacts			
Dental caps/bridges/braces			
Asthma			
Problems with heart/murmurs			
Problems with spleen/liver			
Problems with bladder/kidneys			
Hernias/GI problems			
Recurrent skin problems			
Bone/joint injury			
Sprain/dislocation			

□ Cleared for all sports without restriction

□ Cleared for all sports with following restrictions:_____

_____

□ Not cleared

□ Pending further evaluation

□ For any sports

□ For certain sports _____

Reason_____

Recommendations_____

_____

I have examined the above-named student and completed the preparticipation physical examination. The athlete does not present apparent contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athelet has been cleared for participation, the physician may resind the clearence until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician_____Date:_____

Address:_____Phone:_____

Signature of physician:_____