PARENT/GUARDIAN SIGNATURE

Has player previously a contact sport? if so what sport?_

THE INFORMATION PROVIDED ABOVE IS CURRENT AND TRUE TO THE BEST OF MY KNOWLEDGE

Injury that caused a missed practice or event?

Sprain/dislocation?

Allergies to medications? Other allergies?

Tetanus booster in last 10 years?

Allergies?

PHYSICIAN SIGNATURE

Comments:

DATE

The American Academy of Family Physicians Athletic Competition Health Screening Form

2025

NAME							
ADDRESS							
PHONE			*INC	*INFORMATION BELC			
Answer Yes or No Only	Yes	No	Vitals	1	ACTORY NO		
Chronic/Recurrent Illness?			Height				
Hospitalization?			ũ				
Surgery other than tonsils?			Weight				
njuries treated by physician?			Ū.				
urrent medications?			BP:				
rgans missing?							
eat exhaustion/stroke?			General				
Dizziness, fainting, convulsions and/or headaches?							
(nocked out?			Head				
Concussion?							
Vear glasses or contacts?			Eyes				
learing defects?							
Dental appliances-bridge, braces, cap, plate?			Ent				
Cough/pain?							
Problems with blood pressure, heart or murmurs?			Dental				
Problems with liver, spleen or kidney?							
Hernia?			Chest				
Recurrent skin disease?							
Bone/joint injury?			Heart				

SCHOOL ATTENDING

LAST NAME

Physician)

FIRST NAME

NAME

DATE OF BIRTH

PHONE

Weight Image: Constraint of the second sec	Recommended Follow Up	Physical Evaluation	SATISFACTORY		
Weight BP: General Head Eyes Acuity: L R Ent Dental Chest Heart Abdomen		Comments	No	Yes	Vitals
BP: General Head Eyes Ent Dental Chest Heart Abdomen					Height
Eyes Acuity: L R Ent Image: Construction of the second of					Weight
Head Image: Constraint of the second secon					BP:
Eyes Acuity: L R Ent Image: Construction of the second of					General
Ent Image: Constraint of the second of the					Head
Dental Image: Chest Chest Image: Chest Heart Image: Chest Abdomen Image: Chest		uity: L R			Eyes
Chest	-				Ent
Chest	-				Dental
Abdomen	-				Chest
	-				Heart
Genitalia	-				Abdomen
	+				Genitalia
Skin	+				Skin
Extremities					Extremities
Back/Neck SPORT PARTICIPATION APPROVED: Yes					



AGE

SEX

ADDRESS