

APPROVED PHYSICAL EXAMINATION FORM FOR EL PASO COUNTY

The schools strongly recommend health examinations in kindergarten or first grade, and in the fourth, seventh, and tenth grades, plus students new to the schools, and those with health problems in any other grade.

To be used by physicians for schools, nurseries, day and childcare, campgrounds, and other activities. In order for the child's school or special program to be adjusted to his/her physical condition, it is necessary for the school or program to have a report of his/her health examination.

El Paso County Department of Health and Environment

NAME _____ AGE _____

SCHOOL OR ACTIVITY _____

ADDRESS _____

PARENT'S NAME _____

Physical Findings:

Blood Pressure _____

Height _____

Weight _____

Vision R _____ L _____ Hearing R _____ L _____

Skin _____

Eyes _____

Ears _____

Nose _____

Throat _____

Glands _____

Heart _____

Lungs _____

Abdomen _____

Extremities _____

Genitalia _____

Back/Scoliosis Check _____

Other _____

Significant illnesses, accidents, allergies, operations, congenital, family history, etc.

Are you aware of any need to screen for learning disabilities?

Specific medical recommendations:

(Please Print name)

Signature of Examining Physician

Date of Examination

HEALTH HISTORY FORM

Name _____

Age _____

Athlete/Student's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Yes	No	Don't Know	
			1. Has anyone in the athlete's family (grandmother, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50 years?
			2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness?
			3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
			5. Does the athlete have a history of a concussion (getting knocked out)?
			6. Has the athlete ever suffered a heat-related illness (heat stroke)?
			7. Does the athlete have anything he or she wants to discuss with the physician?
			8. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
			9. Does the athlete take any medicine?
			10. Is the athlete allergic to any medications or to bee stings?
			11. Does the athlete have any one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)

Elaborate on any positive answers: _____

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of Parent or Guardian

Date

Phone