€ NEW € RENEWAL € UPDATE

Area 11	Delegation Code HEB11	Delegation Name HEB ISD
€ Individual Physical € MedFest® € Unified Partner (medicals optional) € Healthy Young Athletes		

ATHLETE INFORMATION		
Last Name	First Name	
Middle Name		

Athlete Medical Form

Athlete Last Name	Athlete First Name

ATHLETE MEDICAL HISTORY	
List all past surgeries:	
List all ongoing or past medical conditions:	
List all medical conditions that run in the athlete's family:	
Has any relative died of a heart problem before age 40? € No € Yes	Has any relative died while exercising? € No € Yes
Has a doctor ever limited the athlete's participation in sports? € No € Yes If yes, please describe:	

Athlete Medical Form

Athlete Last Name	Athlete First Name

MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS (includes inhalers, birth control or hormone therapy)					
Name of Medication	Dosage	Times per Day	Name of Medication	Dosage	Times per Day
Is the athlete able to administer his/her own medications? € No € Yes			If female, date of athlete's last menstrual period:		

PLEASE READ BEFORE SIGNING

It is understood and agreed that: If the examiner is provided free of charge, it is not intended to be a thorough or comprehensive examination. No physician-patient relationship is to arise out of the examination. The doctor, nurse or other person involved in the examination is under no obligation to provide a diagnosis, treatment, advice, consultation or any follow-up care whatsoever under any circumstances. The fact that any person is cleared or authorized to participate in any sport or other activity does not mean and is not to be interpreted as the opinion of the doctor or nurse that

Athlete Last Name	Athlete First Name

ATHLETE MEDICAL PHYSICAL INFORMATION

Height _____ cm _____ in	Weight _____ kg _____ lbs	Temp _____ ºC _____ ºF	Pulse	O_2Sat
Blood Pressure: BP Right		Blood Pressure: BP Left		
Right Vision: 20/40 or better? € No € Yes € N/A		Left Vision: 20/40 or better? € No € Yes € N/A		

Right Hearing (Finger Rub)	€ Responds	€ No Response	€ Can't Evaluate		
Left Hearing (Finger Rub)	€ Responds	€ No Response	€ Can't Evaluate		
Right Ear Canal	€ Clear	€ Cerumen	€ Foreign Body		
Left Ear Canal	€ Clear	€ Cerumen	€ Foreign Body		
Right Tympanic Membrane	€ Clear	€ Perforation	€ Infection		
Left Tympanic Membrane	€ Clear	€ Perforation	€ Infection		
Oral Hygiene	€ Good	€ Fair	€ Poor		
Thyroid Enlargement	€ No	€ Yes			
Lymph Node Enlargement	€ No	€ Yes			
Heart Murmur (supine)	€ No	€ 1/6 or 2/6	€ 3/6 or greater		
Heart Murmur (upright)	€ No	€ 1/6 or 2/6	€ 3/6 or greater		
Heart Rhythm	€ Regular	€ Irregular			
Lungs	€ Clear	€ Not clear			
Right Leg Edema	€ No € 1+	€ 2+ € 3+	€ 4+		
Left Leg Edema	€ No € 1+	€ 2+ € 3+	€ 4+		
Radial Pulse Symmetry	€ Yes	€ R>L	€ L>R		
Cyanosis	€ No	€ Yes, describe			
Clubbing	€ No	€ Yes, describe			

Bowel Sounds	€ No	€ Yes		
Hepatomegaly	€ No	€ Yes		
Splenomegaly	€ No	€ Yes		
Abdominal Tenderness	€ No	€	€ Full	€ Not full
		Upper Extremity Mobility	€ Full	€ Not full
		Lower Extremity Mobility	€ Full	€ Not full
		Upper Extremity Strength	€ Full	€ Not full
		Lower Extremity Strength	€ Full	€ Not full
		Loss of Sensitivity	€ No	€ Yes, de

€ Athlete does not