

Horizon Physical Examination Form



NAME: _____ BIRTHDATE: ____/____/____

ADDRESS: _____ PHONE: _____

Student and Parent/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the student details of any positive answers.

- | YES | NO | Don't Know | |
|-------|-------|------------|--|
| _____ | _____ | _____ | 1. Has anyone in the student's family died suddenly before the age of 50 years? |
| _____ | _____ | _____ | 2. Has the student ever passed out during exercise or stopped exercising because of dizziness or chest pain? |
| _____ | _____ | _____ | 3. Does the student have asthma (wheezing), hay fever, or coughing spells during or after exercise? |
| _____ | _____ | _____ | 4. Has the student ever broken a bone, had to wear a cast, or had an injury to any joint? |
| _____ | _____ | _____ | 5. Does the student have a history of a concussion (getting knocked out) or seizures? |
| _____ | _____ | _____ | 6. Has the student ever suffered a heat-related illness (heat stroke)? |
| _____ | _____ | _____ | 7. Does the student have a chronic illness or see a physician regularly for any particular problem? |
| _____ | _____ | _____ | 8. Does the student take any prescribed medicine, herbs or nutritional supplements? |
| _____ | _____ | _____ | 9. Is the student allergic to any medications or bee stings? |
| _____ | _____ | _____ | 10. Does the student have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)? |
| _____ | _____ | _____ | 11. Has the student ever had prior limitation from sports participation? |
| _____ | _____ | _____ | 12. Has the student had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability? |
| _____ | _____ | _____ | 13. Has the student ever been diagnosed with a heart murmur or heart condition or hypertension? |
| _____ | _____ | _____ | 14. Is there a history of young people in the student's family who have had congenital or other heart disease: cardiomyopath, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I do not understand these terms" and initial this item, if appropriate.) |
| _____ | _____ | _____ | 15. Has the student ever been hospitalized overnight or had surgery? |
| _____ | _____ | _____ | 16. Does the student lose weight regularly to meet the requirements for your sport? |
| _____ | _____ | _____ | 17. Does the student have anything he or she wants to discuss with the physician? |
| _____ | _____ | _____ | 18. Does the student cough, wheeze, or have trouble breathing during or after activity? |
| _____ | _____ | _____ | 19. Does the student have asthma? |
| | | | 20. FEMALES ONLY |
| | | | a. When was your first menstrual period? _____ |
| | | | b. When was your most recent menstrual period? _____ |
| | | | c. What was the longest time between menstrual periods in the last year? _____ |

(Explain any YES answers on back.)

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any school activities including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in school activities, which require physical exertion.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a Horizon staff member, coach, or medical practitioner.

I understand that this physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: _____ Date: _____

Horizon Physical Examination Form



| | |
|---|---|
| NAME: _____ | BIRTHDATE: ____/____/____ |
| Height: _____ Weight: _____ % Body Fat (optional): _____ | Pulse: _____ BP: ____/____ (____/____/____) |
| Rhythm: Regular _____ Irregular _____ | |
| Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____ | |

| MEDICAL | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|-----------------------------|--------|-------------------|-----------|
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart: Pericardial activity | | | |
| 1st & 2nd heart sounds | | | |
| Murmurs | | | |
| Pulses: brachial/femoral | | | |
| Lungs | | | |
| Abdomen | | | |
| Skin | | | |

MUSCULOSKELETAL

| | | | |
|---------------|--|--|--|
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot | | | |

* Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Name of physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____

SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN



MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION - Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

MARFAN'S SCREEN - Screen all men over 6'0" and all women over 5'10" in height with Echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 SD below mean
7. Myopia
8. Ectopic lens