Cedar Park Christian School
A Ministry of Cedar Park Assembly of God
16300 112th Ave NE • Bothell WA 98011 • (425) 488-9778

Medical History & Physical Exam Record

FOR OFFICE USE ONLY

SPORTS PARTICIPATION				
☐ VOLLEYBALL ☐ SOCCER ☐ FOOTBALL ☐ CHEER SQUAD ☐ SOFTBALL ☐ BASEBALL ☐ TRACK ☐ BASKETBALL ☐ CROSS COUNTRY	☐ PERMISSION TO PARTICIPATE FORM ☐ MEDICAL PHYSICAL EXAM RECORD	☐ CHECK PAYMENT	CK # ______	
		☐ CASH PAYMENT	$______	

To be Completed by Parent / Legal Guardian

CHILD'S NAME		BIRTH DATE	GRADE	BIRTH PLACE	PHONE NO. ( )
ADDRESS (STREET)		CITY		STATE	ZIP CODE
PARENTS / GUARDIAN					HOME PHONE NO.
FATHER'S EMPLOYER	E-MAIL ADDRESS		CELL PHONE NO. ( )		WORK PHONE NO. ( )
MOTHER'S EMPLOYER	E-MAIL ADDRESS		CELL PHONE NO. ( )		WORK PHONE NO. ( )
ALTERNATIVE TO NOTIFY IN CASE OF EMERGENCY			CELL PHONE NO. ( )		WORK PHONE NO. ( )
PREFERRED HOSPITAL					

Medical History

	Yes	No		
1.	☐	☐	Have you ever been "knocked out" or lost consciousness?	Year______
2.	☐	☐	Have you ever had any "fits" or seizures?	Year______
3.	☐	☐	Have you ever been hospitalized?	Year______
4.	☐	☐	Have you ever required an operation?	Year______
5.	☐	☐	Have you any organs missing other than tonsils or appendix? (eye, kidney, testicle,________ ______________________________)	
6.	☐	☐	Are you allergic to any medications?	
7.	☐	☐	Do you take any medications regularly?	
8.	☐	☐	Do you have any chronic or recurrent illness	
9.	☐	☐	Do you have to stop while running two laps of a ¼ mile track?	
10.	☐	☐	Has any close relatives of yours had a heart attack or heart trouble under age 50?________ ______________________________	
11.	☐	☐	Do you wear glasses or contact lenses?	
12.	☐	☐	Do you wear any dental appliances such as a bridge or plate?	
13.	☐	☐	Have you ever had asthma or breathing difficulty?	
14.	☐	☐	Do you have allergies (hay fever, food allergies, skin allergy)?______________________	
15.	☐	☐	Is there a family history of allergies (mother, father, brothers, sisters)?	
16.	☐	☐	Have you ever had rheumatic fever or a heart murmur?	
17.	☐	☐	Have you ever had a fracture? Where:______________________	
18.	☐	☐	Have you ever had a dislocated knee, hip, shoulder, elbow,______________________?	
19.	☐	☐	Have you had a tetanus shot within the last 10 years? Date:______________________	

Examiner's Comments on the Above:

PARENTAL PERMISSION: If the parent or authorized individual above cannot be reached at the time of any EMERGENCY, and if immediate observation or treatment is urgent in the judgment of the school authorities or the coach, I AUTHORIZE and direct the school to send the pupil to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as is immediately necessary?

☐ Yes ☐ No

______________ Date ______________________________ Parent Signature

Physical Examination

Student #______

Age:____ Grade:_____ Height (in.)__________ Weight:______

To be Completed by Physician for Sports Physical on CPCS Campus

Urinalysis:__________ % Body Fat (SS) = ______%Hct:_______

Run Distance:_____mi. Run Time:_____min._______sec.

Pre Exercise BP:________ Pulse:_________

Post Exercise BP:________ Pulse:_________ Murmur:_____

Pulmonary Function: FVC_______ (pred____) = ______%

FEV1______ (pred____) = ______%

History of: __Allergy __Asthma __Hay Fever __Fam Hist

Strength Test:

Quadriceps (60% wt = _______) pass: ☐ Yes ☐ No
Hamstrings (40% wt = _______) pass: ☐ Yes ☐ No

A normal **abnormal**

- ☐ 1. General growth and development ☐ __________________
- ☐ 2. Back / Spine / Posture ☐ __________________
- ☐ 3. Extremities / Feet ☐ __________________
- ☐ 4. Flexibility ☐ __________________
- ☐ 5. Neurological ☐ __________________

B

- ☐ 6. EENT ☐ __________________
- ☐ 7. Head and Neck ☐ __________________
- ☐ 8. Skin / Hair / Nails ☐ __________________
- ☐ 9. Lymphatic ☐ __________________

C

- ☐ 10. Chest and Lungs ☐ __________________
- ☐ 11. Cardiovascular ☐ __________________
- ☐ 12. Abdomen ☐ __________________
- ☐ 13.__________________ ☐ __________________

RECOMMENDATIONS: ☐ No contraindications to FULL PARTICIPATION

☐ May participate with the following QUALIFICATIONS:

____

____

☐ Participation CONTRAINDICATED due to:

____

Date_____________ Examiner A's Signature:__________________

Examiner B's Signature:__________________

Examiner C's Signature:__________________