

KNOX COUNTY SCHOOLS

PHYSICAL EXAMINATION AND SPORTS MEDICAL PERMISSION FORM

I/We hereby give consent for (student's name) _____ to
represent (name of school) _____ in the sport(s) of
_____ realizing that such activity involves the potential for
injury. I/We acknowledge that even with the best coaching, use of the most advanced equipment, and strict observance of rules, injuries
are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I/We further grant permission to (school) _____, its
physicians and/or Athletic Trainers to render aid, treatment, medical, or surgical care deemed reasonably necessary to protect the health
and well being of the above individual.

I/We further release (school) _____, its agents, ser-
vants, and employees from any liability for damage and injury to the above individual and hereby accept full responsibility for any damages
or injuries sustained as a result of participation in the sport(s) or extracurricular activity named above.

Student _____ Parent/Guardian(s) _____
Date _____

Personal History

Name	Sex	Age	DOB
Grade	Social Security Number		
School			
Personal Physician(s)	Address		Telephone

Have you ever had a pre-participation physical before? ☐ yes ☐ no If so, when/where? _____

Please explain “yes answers” below.

	Yes	No
1. Have you ever been hospitalized?	☐	☐
Have you ever had surgery?	☐	☐
2. Are you presently taking any medications or pills?	☐	☐
3. Do you have any allergies (medicine, bees or other stinging insects)?	☐	☐
4. Have you ever passed out during exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you tire more quickly than your friends during exercise?	☐	☐
Have you ever had high blood pressure?	☐	☐
Have you ever been told that you have a heart murmur?	☐	☐
Have you ever had a racing of your heart or skipped heartbeats?	☐	☐
Has anyone in your family died of heart problems or a sudden death before the age of 50?	☐	☐
5. Do you have any skin problems (itching, rashes, acne)?	☐	☐
6. Have you ever had a head injury?	☐	☐
Have you ever been knocked out or unconscious?	☐	☐
Have you ever had a seizure?	☐	☐
Have you ever had a stinger, burner or pinched nerve?	☐	☐
7. Have you ever had heat or muscle cramps?	☐	☐
Have you ever been dizzy or passed out in the heat?	☐	☐
8. Do you have trouble breathing or do you cough during or after activities?	☐	☐
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?	☐	☐
10. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses or contacts or protective eye wear?	☐	☐
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints?	☐	☐
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Chest		
☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hip ☐ Hand ☐ Foot		
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?	☐	☐
13. Have you had a medical problem since your last evaluation?	☐	☐
14. When was your last tetanus shot? _____		
When was your last measles immunization? _____		
15. When was your first menstrual period? _____		
When was your last menstrual period? _____		
What was the longest time between your periods last year? _____		

Please explain “Yes” answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete	Signature of parent/guardian	Date
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