



LIGHTNING SPIKES TRACK CLUB PHYSICAL EXAMINATION FORM

Name of Athlete _____ Date of Exam _____

Expiration Date _____

Medical History

TO BE COMPLETED BY PARENT OR GUARDIAN

PLEASE CIRCLE

ALLERGIES YES / NO

ASTHMA YES / NO

BONE/JOINT DISEASE YES / NO

EPILEPSY YES / NO

HEAD INJURY YES / NO

HEART DISEASE YES / NO

HERNIA YES / NO

KIDNEY DISEASE YES / NO

LUNG DISEASE YES / NO

RHEUMATIC FEVER YES / NO

IS THERE ANY HISTORY OF HEART DISEASE OR SUDDEN UNEXPLAINED DEATH YES/NO

PHYSICAL EXAMINATION

TO BE COMPLETED BY PHYSICIAN OR MEDICAL PERSONEL

WEIGHT _____ HEIGHT _____ BLOOD PRESSURE _____

PLEASE PLACE A CHECK BY THOSE AREAS THAT CAUSE CONCERN

NECK _____ LUNGS _____ HEART _____ ABDOMEN _____

HERNIA _____ EXTREMITIES _____ SPINE _____

GENERAL CONDITION: EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

I HAVE REVIEWED THE MEDICAL HISTORY AND EXAMINED _____ AND
FIND THE ATHLETE TO BE PHYSICALLY QUALIFIED TO PARTICIPATE IN THE SPORT OF TRACK
AND FIELD.

LISCENSED PHYSICIAN SIGNATURE _____ DATE

SIGNATURE OF PARENT/GUARDIAN _____ DATE

“Chances...Favor...A Prepared Mind”