



LIGHTNING SPIKES TRACK CLUB PHYSICAL EXAMINATION FORM

Name of Athlete _____ Date of Exam _____

Expiration Date _____

Medical History

TO BE COMPLETED BY PARENT OR GUARDIAN

Check if applicable

ALLERGIES: no yes, list allergies: _____

ASTHMA: no yes, explain: _____

HEART DISEASE: no yes, explain: _____

HERNIA: no yes, explain: _____

BONE/JOINT DISEASE: no yes, explain: _____

KIDNEY DISEASE: no yes, explain: _____

EPILEPSY: no yes, explain: _____

LUNG DISEASE: no yes, explain: _____

HEAD INJURY: no yes, explain: _____

RHEUMATIC FEVER: no yes, explain: _____

IS THERE A FAMILY HISTORY OF HEART DISEASE OR SUDDEN UNEXPLAINED DEATH no yes

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
(Athlete Name)
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”