



# Family Care Network

*We Take Care*

Lynden  
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[www.familycarenetwork.com](http://www.familycarenetwork.com)

## SCHOOL SPORTS PHYSICAL

THE STUDENT IS RESPONSIBLE TO TURN THE ORIGINAL COPY OF THIS FORM IN TO HIS/HER SCHOOL. LYNDEN FAMILY MEDICINE WILL KEEP A COPY OF THIS FORM ON FILE. SHOULD AN ADDITIONAL COPY BE NEEDED, FOR ANY REASON, IT WILL BE PROVIDED FOR A HANDLING FEE OF \$5.00.

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_

please print

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

required if student under age 14 years

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

in which sport will be played

### DO YOU HAVE or HAVE YOU HAD:

Diabetes	YES	NO
Allergies	YES	NO
Asthma	YES	NO
Cough with Exercise	YES	NO
Rheumatic Fever	YES	NO
Heart Problems	YES	NO
Fainting Spells	YES	NO
Head Injury	YES	NO
Menstrual Problems	YES	NO
Heat Stroke	YES	NO
Seizures	YES	NO
Kidney Disorder	YES	NO
Hospitalization	YES	NO

FAMILY HISTORY OF  
SUDDEN CARDIAC DEATH YES NO

INJURIES:  
(joints, bones, etc) YES NO

EXPLAIN: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: \_\_\_\_\_

FINDINGS: Murmur? Y N Increase w/ valsalva? Y N

Scoliosis? Y N

NORMAL

LIMITATIONS:

NONE

\_\_\_\_\_ OK FOR SPORTS

\_\_\_\_\_ NOT ABLE TO PARTICIPATE

\_\_\_\_\_  
M.D.

DATE: \_\_\_\_\_