

**STATEMENT TO THE PHYSICIAN:**

THE BELOW NAMED INDIVIDUAL HAS APPLIED TO PARTICIPATE IN THE SCVAA TRACK EAST TRACK PROGRAM. THIS IS A HIGHLY COMPETITIVE AND PHYSICALLY DEMANDING PROGRAM. A PHYSICAL EXAMINATION IS REQUIRED PRIOR TO PARTICIPATION IN THIS PROGRAM. PLEASE COMMENT ON ANY SIGNIFICANT HISTORY OR ABNORMAL PHYSICAL FINDINGS ON THE BACK OF THIS FORM.

**PRINT FULL NAME AND DATE OF BIRTH**

**BORN:**

LAST

FIRST

MI

MONTH

DAY

YEAR

HISTORY to be completed by Parent/Guardian  
Does the athlete have, to any significant degree, any of the following?

- |  | Yes   | No    |
|--|-------|-------|
| 1. Trouble with vision or hearing?   | _____ | _____ |
| 2. Any history of lung disease such as asthma? Wheezing? Chronic Cough?                                      | _____ | _____ |
| 3. Any history of heart trouble? A) Rheumatic Fever B) heart murmur, C) palpitations or irregular heart rate | _____ | _____ |
| 4. Any history of stomach, intestinal or liver problems?   | _____ | _____ |
| 5. Any history of kidney trouble such as glomerulonephritis?   | _____ | _____ |
| 6. Any bone, muscular or neurological disease?   | _____ | _____ |

**PHYSICAL EXAMINATION**

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
On examination is there any abnormality of any of the following? If so, please explain.

	Normal	Abnormal
Ears		
Eyes		
Nose		
Throat		
Neck		
Lungs		
Heart		
Abdomen		
Back		
Hernia		
Neurological		
Skin		
Skeletal		

**Signature** \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_ Date  
Medical Examiner's Signature

**Physician:** Is the athlete able to participate in full activities?  
Should there be any limitations?  
Is so describe \_\_\_\_\_

\_\_\_\_\_