

This form is to be filled out completely and filed with the League before applicant can participate in any practices, games, etc.

PARTICIPANTS' NAME: _____ Date of Birth (MMDDYY) _____

As parent or legal guardian of Participant, I hereby give my consent for his/her participation in the athletic events listed on this form. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand every effort will be made to contact me prior to treatment. I agree to the need for screening medical examination and certify that the medical history is accurate to the best of my knowledge. I also understand this examination is a limited medical checkup to screen your child to see if he/she can safely participate in sports. The exam does screen for the common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

FAMILY PHYSICIAN _____ PHONE _____
INSURANCE _____ POLICY NUMBER _____

MEDICAL HISTORY

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

- | | | | | |
|-----|--|-----|----|------------|
| 1. | Has anyone in the athlete's family (grandmother, mother, father, brother, sister, aunt, uncle), died suddenly before age 50? | Yes | No | Don't Know |
| 2. | Has the athlete ever stopped exercising because of dizziness or passed out during exercise? | Yes | No | Don't Know |
| 3. | Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? | Yes | No | Don't Know |
| 4. | Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint? | Yes | No | Don't Know |
| 5. | Does the athlete have a history of a concussion (being knocked out)? | Yes | No | Don't Know |
| 6. | Has the athlete ever suffered a heat-related illness (heat stroke)? | Yes | No | Don't Know |
| 7. | Does the athlete have anything he/she wants to talk to the doctor about? | Yes | No | Don't Know |
| 8. | Does the athlete have a chronic illness or see a doctor regularly for any particularly problem? | Yes | No | Don't Know |
| 9. | Does the athlete take any medicine? | Yes | No | Don't Know |
| 10. | Is the athlete allergic to any medication or bee stings? | Yes | No | Don't Know |
| 11. | Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)? | Yes | No | Don't Know |

Please explain all "Yes" answers—use the back if necessary.

MEDICAL EXAMINATION

Height: _____ Weight: _____ Blood Pressure: _____

	Normal	Abnormal	Description of Abnormals
Musculoskeletal Exam:			
	<input type="checkbox"/>	<input type="checkbox"/>	Knee
	<input type="checkbox"/>	<input type="checkbox"/>	Ankle
	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder
	<input type="checkbox"/>	<input type="checkbox"/>	Other Joints
	<input type="checkbox"/>	<input type="checkbox"/>	Alignment Problems
	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis
	<input type="checkbox"/>	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	<input type="checkbox"/>	Estimate of Strength
	<input type="checkbox"/>	<input type="checkbox"/>	Estimate of Flexibility
Eyes:	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia (males):	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular Exam:	<input type="checkbox"/>	<input type="checkbox"/>	

Other Exam (if indicated by history):

ASSESSMENT: I certify that I have examined this child and find him/her medically:

____ **QUALIFIED** to participate (no conditions that would prevent this participant from participation)

____ **NOT QUALIFIED** to participate for the following reasons _____

Licensed to practice medicine in Virginia? **YES** **NO**

Signature: _____

Address: _____ Date: _____