

## Cougar Aquatic Team Approved Athletic Examination Form

Last Name	First	Address	Date of Exam (within 1 year)
Birth Date	Parent's Names	Home Phone #	

### Health History must be completed and signed by parent / Reverse for Physician

	YES	NO
Were you ever medically advised not to play any sports? Include date and reason below	_____	_____
Are you under a physician's care now or had recent hospitalization? Describe below	_____	_____
Have you ever experienced loss of consciousness after exercise or after injury?	_____	_____
Have you ever had:		
a seizure or convulsion?	_____	_____
A fracture, dislocation or other orthopedic injury?	_____	_____
Any surgery?	_____	_____
Any bleeding disorder?	_____	_____
Loss of function of one kidney or testicle?	_____	_____
Do you take any medication on a regular basis? Include name and reason taken below	_____	_____
Do you have any allergies, including drug allergies, hives, asthma, stinging insect bites?	_____	_____
Have you had any heart problems, high blood pressure, recurring chest pains, palpitations, Rapid or irregular heart beats?	_____	_____
Do you have a recent history of fatigue or undue tiredness?	_____	_____
Is there a history of sudden death in the family?	_____	_____
Is there any other medical concern we should be aware of?	_____	_____
Describe the details of any item checked "YES"		
_____		
_____		
_____		
_____		

I wish to participate with the Cougar Aquatic Team \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**Physician's Section of Physical Examination**

Swimmer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Normal    Abnormal (all abnormal checks must be explained below)

- \_\_\_\_\_    \_\_\_\_\_    **Appearance**    Including examination of skin to determine the presence of infection, scars of previous surgery or trauma and jaundice
- \_\_\_\_\_    \_\_\_\_\_    **Measurement**    of height, weight and blood pressure
- \_\_\_\_\_    \_\_\_\_\_    **Eyes**    for visual acuity, jaundice, conjunctiva
- \_\_\_\_\_    \_\_\_\_\_    **Nose**    for any deformity that may affect endurance
- \_\_\_\_\_    \_\_\_\_\_    **Chest Contour**
- \_\_\_\_\_    \_\_\_\_\_    **Lungs**
- \_\_\_\_\_    \_\_\_\_\_    **Heart**    for murmurs, clicks, rhythms.
- \_\_\_\_\_    \_\_\_\_\_    **Abdomen**    liver, spleen, presence of abnormal masses
- \_\_\_\_\_    \_\_\_\_\_    **Back**    for deformity, range of motion, scoliosis
- \_\_\_\_\_    \_\_\_\_\_    **Extremities**    joint mobility, instability, deformity, muscle weakness, atrophy, scars
- \_\_\_\_\_    \_\_\_\_\_    **Testes**    presence, descent and masses
- \_\_\_\_\_    \_\_\_\_\_    **Genitalia -Hernia**
- \_\_\_\_\_    \_\_\_\_\_    **Neurological**    reflexes, balance, coordination
- \_\_\_\_\_    \_\_\_\_\_    **Level of Maturity**

All abnormal checks must be explained here

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**Recommendation (Check One)**

\_\_\_\_\_ This swimmer may participate in a competitive swim program.

\_\_\_\_\_ This swimmer should have the following health problems evaluated and treated prior to participation in a competitive swim program.

\_\_\_\_\_ This swimmer has health problems which prohibit participation in a competitive swim program.

**I have examined the above named swimmer in all of the above categories.**

\_\_\_\_\_  
Signature of Doctor / Examiner

\_\_\_\_\_  
Printed or Stamped Name, Address, Phone #

Date of Examination \_\_\_\_\_