



Mid-Plains Community College Physical Examination Form

Sport _____ Participant's Name _____
 DOB _____ Sex _____ Address _____ City _____
 State _____ Zip _____ Parent's Name _____ Telephone # _____
 Address _____ City _____ State _____ Zip _____
 Family Physician's Name _____ Telephone # _____
 Address _____ City _____ State _____ Zip _____
 Family Dentist's Name _____ Telephone # _____
 Address _____ City _____ State _____ Zip _____

1	Has this participant ever been hospitalized, had surgery, or serious medical illness?	Yes	No
2	Is this participant now under the care of a physician or taking medication?	Yes	No
3	Does the participant have any allergies to medications, plants, food, animals, etc?	Yes	No
4	Has this participant lost consciousness during physical activity, had a concussion or at any time had a convulsion?	Yes	No
5	Do you feel that there should be limits to the athlete's participation in activities because of symptoms of ILLNESS, INJURY, or ABNORMALITIES OF FAMILY HISTORY known to you or a physician?	Yes	No

If you have answered any questions "Yes", please specify: _____

I agree to the participation of my above-named son/daughter in the program/or programs that have been listed above. In addition, I consent to practice sessions and travel to and from the programs. I also agree to emergency treatment as deemed necessary by the medical personnel designated by the program authorities.

Student _____ Parent/Guardian _____
 Dated _____ (Permission valid for 365 days unless rescinded.)

PHYSICIAN'S PHYSICAL ASSESSMENT

Height _____ Weight _____ B.P. _____ Pulse _____ Date _____

1. On the basis of a physical examination and a review of this individual's medical history, I find this individual to be in good health with the following exceptions:
2. This individual may participate in all physical activities with the following limitations:
3. Special instructions, i.e., diet medications, precautions, allergies:

 Physician's Signature

 Date Telephone

Name and Address (Please print or stamp)