

**Burr and Burton Academy**  
**Pre-Participation Physical Examination and Parent Release Form**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Regular Doctor \_\_\_\_\_

**Explain Any "Yes" Answers**

1. Have you ever been hospitalized?  
Have you ever had surgery?  
Are you presently under a Dr.'s care?
2. Are you presently taking any medications or pills?
3. Do you have any allergies (medicine, bees)?
4. Have you ever passed out during or after exercise?  
Have you ever been dizzy during or after exercise?  
Have you ever had chest pain during or after exercise?  
Have you ever had high blood pressure?  
Have you ever been told that you have a heart murmur?  
Have you ever had racing of your heart or skipped beats?  
Has anyone in your family died of heart problems or a sudden death before age 50?
5. Do you have any skin problems (itching, rashes, acne)?
6. Have you ever had a head injury?  
Have you ever been knocked out or unconscious?
7. Have you ever had heat cramps, heat illness or muscle cramps?
8. Do you have trouble breathing or do you cough during or after activity?
9. Do you have any special equipment (pads, braces, neck rolls, etc.)?
10. Do you have any problems with your eyes or vision?  
Do you wear glasses or contacts?
11. Are you missing an eyes, kidney or testicle?
12. Have you ever sprained /strained, dislocated, fractured, broken or had repeated swelling of other injuries of any bones or joints?  
Head                      Shoulder                      Thigh                      Neck                      Elbow  
Knee                      Foot                      Forearm                      Shin/Calf                      Back  
Wrist                      Ankle                      Hip                      Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?
14. Have you ever had a medical problem or injury since your last medical examination?

I hereby state that, to the best of my knowledge, my answers to the above questions are correct

Signature of Athlete: \_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

**Parent Consent, Acknowledgement and Release**

I hereby give consent for my son/daughter to participate in the following sport:  
I know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understand that serious injury, paralysis or death is possible in such participation and chooses to accept any and all responsibility for his/her safety and welfare while participating in athletics.

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**You must complete this side every season – even if you do not need a physical!**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_  
Pupils (circle) Equal/Unequal R>L L>R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No      Yes	
Heart		
Rhythm	Regular   Irregular	
Murmur (supine)	No      Yes	
Murmur (standing)	No      Yes	
	Normal ( )	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

A.      Cleared

B.      Cleared after completing evaluation/rehabilitation for:

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 C.      Not cleared  
             Due

to:-----

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Recommendation:-----

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I hereby certify that this student is physically fit to participate in athletics.

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*Health Care Provider*

*Date*