



Mercy Clinic – Sports Physicals Program

2021/2022 Pre-Participation Physical Form

Berryville 870-423-6661 Green Forest 870-423-5216 Eureka 479-253-7158

Free Physicals by appointment only June 1, 2021 to July 31, 2021

Date _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade(next yr) _____ Sport _____

Personal Physician _____ Physician's Address _____ Physician's Phone # _____

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes ____ No ____
2. Are you presently taking any medications or pills? Yes ____ No ____
3. Do you have any allergies (medicine, bees or other stinging insects)? Yes ____ No ____
4. Have you ever passed out during or after exercise? Yes ____ No ____
5. Have you ever been dizzy during or after exercise? Yes ____ No ____
6. Have you ever had chest pain during or after exercise? Yes ____ No ____
7. Do you tire more quickly than your friends during exercise? Yes ____ No ____
8. Have you ever had high blood pressure? Yes ____ No ____
9. Have you ever been told that you have a heart murmur? Yes ____ No ____
11. Has anyone in your family died of heart problems or a sudden death before age 50? Yes ____ No ____
12. Do you have any skin problems (itching, rashes, acne)? Yes ____ No ____
13. Have you ever had a head injury? Yes ____ No ____
14. Have you ever been knocked out or unconscious? Yes ____ No ____
15. Have you ever had a seizure? Yes ____ No ____
16. Have you ever had a stinger, burner or pinched nerve? Yes ____ No ____
17. Have you ever had heat or muscle cramps? Yes ____ No ____
18. Have you ever been dizzy or passed out in the heat? Yes ____ No ____
19. Do you have trouble breathing or do you cough during or after activity? Yes ____ No ____
20. Do you use any special equipment (braces, neck rolls, mouth guard, pads, etc.)? Yes ____ No ____
21. Have you had any problems with your eyes or vision? Yes ____ No ____
22. Do you wear glasses or contacts or protective eyewear? Yes ____ No ____
23. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? _____
_____ Head _____ Shoulder _____ Thigh _____ Neck _____ Elbow _____ Knee _____ Chest _____ Forearm
_____ Shin/Calf _____ Back _____ Wrist _____ Ankle _____ Hip _____ Hand _____ Foot
24. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? Yes ____ No ____
25. Have you had a medical problem or injury since your last evaluation? Yes ____ No ____
26. When was your last tetanus shot?
27. When was your last measles immunization?
28. When was your first menstrual period?
29. When was your last menstrual period?
30. When was the longest time between your periods last year?

Explain "Yes" answers:

I give permission for this physical and understand that this information may be shared by the School Athletic Department, Cheer Coach, and School Nurses, and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary when I am not immediately available. I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date _____

Signature of Athlete

Signature of Parent/Guardian

Pre-Participation Physical Evaluation (continued)

Physical Examination

Date: _____

Name: _____ Age: _____ Date of Birth: _____

HEIGHT _____	WEIGHT _____	BP _____	PULSE _____
VISION (R) 20/ _____ (L) 20/ _____		Corrected: Y N	
	NORMAL	ABNORMAL FINDINGS	
CARDIOPULMONARY			
PULSES			
HEART			
LUNGS			
SKIN			
ABDOMINAL			
GENITALIA			
MUSCULOSKELETAL			
NECK			
SHOULDER			
ELBOW			
WRIST			
HAND			
BACK			
KNEE			
ANKLE			
FOOT			
OTHER			

CLEARANCE:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for _____
- C. Not cleared for ____ Collision ____ Contact ____ Non-contact ____ Strenuous ____ Moderately strenuous
 ____ Non-strenuous

Due To: _____

Recommendation: _____

Name of Physician/Medical Personnel: _____ Date: _____

Location, circle: **Mercy Clinic Berryville 207 Carter Street – 870-423-6661**
 Mercy Clinic Green Forest 100 Medical Circle – 870-438-5216
 Mercy Convenient Care 121 E Van Buren Ste D – 479-253-7158

Signature of Physician/Medical Personnel: _____