



Manchester Rowing Alliance Physical Form

Name _____ Birthdate _____
Parent's Name _____ Home Phone _____
Cell Phone _____ Work Phone _____

Past Medical History (If an area does not pertain, please write **none**)

1. Allergies: _____
2. Current Medications: _____
3. Past Surgeries: _____
4. Injuries (sprains, fractures, et) _____
5. Medical Diagnoses: _____

Physical Exam

- | | |
|-------------------------|----------------------|
| 1. Blood pressure _____ | 5. Neck _____ |
| 2. Lungs _____ | 6. Heart _____ |
| 3. Abdomen _____ | 7. Hernia _____ |
| 4. Back _____ | 8. Extremities _____ |
9. Head, Eyes, Ears, Nose, Throat _____
10. Urinalysis _____
11. General Condition _____

This athlete is physically fit to compete in athletics: YES _____ NO _____

If no, why/restrictions _____

Name of Doctor _____ Signature of Doctor _____
Date of Exam _____ Telephone # _____

I have reviewed the physical of my son/daughter and grant permission to compete in the sport of rowing for Manchester Rowing Alliance.

Signature of Parent: _____

Medical Injury/History

Name _____ Gender M F

Has your doctor ever denied or restricted your participation in sports for any reason? Y N

Do you have an ongoing medical condition (like diabetes, asthma, etc) Y N

Are you taking any prescription or nonprescription medicines, pill or inhalers? Y N

Do you have allergies to medicines, foods, pollen or stinging insects Y N

Have you ever had discomfort, pressure or pain in your chest during exercise? Y N

Does your heart race or skip beats during exercise? Y N

Has your doctor ever told you that you have:

High blood pressure-----Y N

Heart murmur-----Y N

High cholesterol-----Y N

Heart infection-----Y N

Has a doctor ever ordered any tests for your heart? Y N

Does anyone in your family have a heart problem? Y N

Has a family member/relative died of heart problems or suddenly before the age of 50? Y N

Does anyone in your family have Marfan Syndrome? Y N

Have you ever had surgery? Y N

Have you ever had an injury that caused you to miss practice or a game? Y N

If so, what? _____

Have you had any fractured or broken bones or dislocated joints? Y N

If so, where? _____

Have you ever had any bone or joint injury that required x-rays, MRI, CT scan, surgery, Injections, rehabilitation, physical therapy, crutches, a cast or a brace? If so, where? Y N

Do you regularly use a brace or restrictive device? Y N

Has a doctor ever told you that you have asthma or allergies? Y N

Do you cough, wheeze or have difficulty breathing during exercise? Y N

Have you ever used an inhaler or taken asthma medication? Y N

Were you born without, or are you missing a kidney, an eye, a testicle or other organ? Y N

Have you had mononucleosis (mono) within the last month? Y N

Do you have rashes, sores or skin problems? Y N

Have you had a herpes skin infection? Y N

Have you ever had a head injury or concussion? Y N

Have you ever been hit in the head and been confused or lost your memory? Y N

Do you have any concerns you would like to discuss with a doctor? Y N

I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I also certify that I have read and understand the statement on the front page of this form. Further, I am aware that only the names of athletes who are cleared for sports participation are released to appropriate MRA coaches. No other information is released.

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____