



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: _____