



# Sports Physical Exam Form 體檢表

This is a required sports physical for all returning students when they enter both 6<sup>th</sup> grade (for Middle school PE classes and after school sports) and 9<sup>th</sup> grades (for High School PE classes and sports).

**\*Due the first day of school**

Please see a certified doctor for this exam. If you are a new student, the entry physical exam portion on your Health Record will be adequate for the sports physical if it is a recent physical within the last 6 months.

Student Name 姓名: \_\_\_\_\_ Date of Birth 生日: \_\_\_\_\_ Grade 年級日期: \_\_\_\_\_

Height 身高: \_\_\_\_\_ Weight 體重: \_\_\_\_\_ Pulse 脈搏: \_\_\_\_\_ Blood Pressure 血壓: \_\_\_\_\_

Visual Acuity 視力 Right 右眼: 20 / Left 左眼: 20 /

Recent Hospitalization / Illness 最近一次住院原因 / 疾病: \_\_\_\_\_

MEDICAL 檢查項目	NORMAL 正常 ✓	Abnormal Findings (note all abnormal findings) 異常(醫師說明)
Appearance 外觀	<input type="checkbox"/>	
Skin 皮膚	<input type="checkbox"/>	
Lymph Nodes 淋巴結	<input type="checkbox"/>	
Eyes (pupils) / Ears / Nose / Throat 眼(瞳孔) / 耳 / 鼻 / 喉	<input type="checkbox"/>	
Hearing 聽力	<input type="checkbox"/>	
Heart 心臟	<input type="checkbox"/>	
Pulses 脈搏	<input type="checkbox"/>	
Lungs (asthma and treatment) 肺(氣喘及處置)	<input type="checkbox"/>	
Abdomen 腹部	<input type="checkbox"/>	
Hernia / 疝氣	<input type="checkbox"/>	
Musculoskeletal 肌肉骨骼	<input type="checkbox"/>	
Neck 頸	<input type="checkbox"/>	
Spine / Back- Scoliosis 脊椎 / 背 - 脊椎側彎	<input type="checkbox"/>	
Shoulders / Arms 肩膀 / 手臂	<input type="checkbox"/>	
Elbow / Forearm 手肘 / 前臂	<input type="checkbox"/>	
Wrist / hand 手腕 / 手	<input type="checkbox"/>	
Hip / thigh 髖部 / 大腿	<input type="checkbox"/>	
Knee / Leg / Ankle 膝部 / 小腿 / 腳踝	<input type="checkbox"/>	
Foot 腳	<input type="checkbox"/>	
Allergy (specify type & treatment) 過敏(說是哪一種過敏及處理方式)	<input type="checkbox"/>	

On the basis of this examination, this student may participate in the school program, physical education class, and interscholastic sports.

(Physicians please mark below.) 學校將依此報告決定學校是否能參加體育課及各項活動。(請醫生勾選一項。)

CLEARED WITHOUT RESTRICTIONS 可以參加所有活動。

CLEARED WITH THE FOLLOWING NOTATION 可以參加活動, 但有以下的限制: \_\_\_\_\_

NOT CLEARED FOR PARTICIPATION / REASON 不適合參加任何活動: \_\_\_\_\_

Physician's Signature / Stamp 醫師簽章 \_\_\_\_\_ Date of Examination 日期: \_\_\_\_\_



# Sports Physical History 病史表

Middle School and High School Returning 6th and 9th Grade Students **Only**  
STUDENTS AND/OR PARENTS PLEASE ANSWER QUESTIONS BELOW  
**BEFORE** SEEING THE DOCTOR

*Instructions: All returning students entering grades 6 and 9 must complete the Sports Physical History before seeing a doctor for a physical.*

Student Name 姓名: \_\_\_\_\_ Date of Birth 生日: \_\_\_\_\_ Grade 年級日期: \_\_\_\_\_

	YES	NO	Health History Questions
1			Have you had any sports or other injuries requiring treatment by a physician? 是否曾因受傷而住院?
2			Do you have any organs missing? 是否曾切除某器官, 或先天性少某器官?
3			Have you ever had chest pain, dizziness, fainting, or passing out during or after exercise? 是否曾在運動時或運動後發生胸痛, 頭暈, 暈眩, 或昏倒?
4			Do you tire more easily or quickly than your friends during exercise? 運動時是否較其他人更容易疲倦?
5			Have you ever had any problems with your blood pressure or your heart? 是否曾有血壓或心臟的問題?
6			Have you had any close relatives with heart problems, a heart attack, or sudden death before the age of 50? 家族中是否有人50歲前就有心臟問題, 心臟病發, 或猝死?
7			Have you ever fainted, had convulsions, seizures, or severe dizziness? 是否曾昏倒, 抽搐, 痙攣或嚴重頭暈?
8			Do you have frequent, severe headaches? 是否有嚴重頭痛?
9			Have you ever been "knocked out" or "passed out"? 是否曾失去知覺或昏倒?
10			Have you ever had a neck or head injury? 是否曾經頭部或頸部受傷?
11			Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? 是否曾經度中暑 熱痙攣 或其他因為熱所引起的問題?
12			Have you ever had an asthma attack, trouble breathing, or severe coughing during or after exercise? 是否曾在運動時活運動後氣喘發作 呼吸困難 或嚴重咳嗽?
13			Do you wear eyeglasses, contact lenses, or protective eyewear? 是否戴眼鏡 隱形眼鏡或其他保護眼睛的配備?
14			Have you had any problems with your eyes or vision? 是否有眼睛或視力的問題?
15			Do you wear any dental appliance such as braces, bridge, plate, or retainer? 是否有戴牙齒矯正器?
16			Have you ever had a knee, ankle or joint injury? 是否曾膝蓋, 腳踝 或其他關節受傷?
17			Have you ever had a broken bone or fracture? 是否曾經骨折?
18			Have you ever had a cast, splint, or had to use crutches? 是否曾打石膏, 使用夾板, 或必須用拐杖?
19			Do you have any skin problems (eczema, rashes, itching, etc.)? 是否曾有皮膚問題 (異位性皮膚炎, 疹子.. 等等)
20			Do you have any health concerns regarding your weight? 是否擔心自己體重過重或過輕?
21			(FEMALES): Have you had any menstrual problems? 女生才須回答: 是否有任何月經的問題?
22			Are you presently taking ANY medications (including vitamins, Tylenol, etc.)? 是否正在服藥 (包括維他命 止痛藥)?
23			Do you have ANY allergies to medication, bees, food, animal, latex, or other factors? Please have physician specify allergy and list treatment below. 是否有任何藥物過敏現象? 藥物, 蜜蜂, 食物, 動物, 乳膠或任何東西? 並請醫生在下面空白處詳述過敏及處置方式。
24			Do you have any medical or health concerns which would inhibit you from participating in sports or PE? 是否有健康上的問題以至於無法參與運動或體育課?

Physician, please comment on all "yes" answers. 請醫生, 說明勾選"是"的項目:

Physician's Signature and Stamp 醫師簽章: \_\_\_\_\_ Date 日期: \_\_\_\_\_