

Just For Kids of Utah County Physical Form

Participant Name: _____ Age: _____ Birthdate: _____
 Street Address: _____ City: _____ State: _____
 Parent/Guardian: _____ Contact Number: _____
 Email Address: _____ Sports/Activities: _____

Medical History (If yes please give details)

Significant Previous Injuries:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	
Hospitalizations or Surgeries:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	
Bone or Joint Injuries:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Current Medications:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	
Past Medications:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	
Chronic Illness:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	
Allergies:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	
Seizures:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Asthma:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Glasses or Contact Lenses: No Yes
 Fainting/Dizzy Spells: No Yes

Physical Exam

Height: _____ Weight: _____ Blood Pressure: _____

Assessment	N (Normal)	Comments/Concerns
Eyes		
Nose		
Dental/Mouth		
Throat		
Ears		
Skin		
Cardiovascular		
Musculoskeletal		
Neurological		
Gastrointestinal		
Spinal		

**This patient is able to participate in Just For Kids programming without restrictions.
 (If restrictions are noted, they must be further assessed before participation)**

Additional Comments: _____

Physician Name: _____

Signature: _____

Office: _____ Date of Exam: _____

