

# The Family Practice After Hours Clinic

110 Millsaps Dr. Hattiesburg, MS 39402/7100 US Hwy 98 West, Ste 140, Hattiesburg, MS 39402  
601-261-5710

## Sports/Camp Exam

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This portion for parent or guardian to fill out.

### Past History

- Medical Problems: \_\_\_\_\_
- History of injuries or surgeries: \_\_\_\_\_
- Current medications: \_\_\_\_\_
- History of heart murmur?: \_\_\_\_\_
- History of fainting or passing out?: \_\_\_\_\_
- History of chest pain while exercising?: \_\_\_\_\_
- History of Sickle Cell?: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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This portion for medical provider to fill out.

Physical Exam (✓ Normal ✗ Abnormal ○ Not examined)

General: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_

HEENT: \_\_\_\_\_ Neck: \_\_\_\_\_ Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_

Abd: \_\_\_\_\_ GU: \_\_\_\_\_ Back: \_\_\_\_\_ Joints: \_\_\_\_\_

Visual Acuity: Both \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Abnormal Findings: \_\_\_\_\_

\_\_\_\_\_ Approved for strenuous or contact sports

\_\_\_\_\_ Restricted to: \_\_\_\_\_

\_\_\_\_\_ Approval withheld pending further workup

\_\_\_\_\_ Unqualified for sports

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**Provider signature / Date**