BRANDON SCHNEIDER BASKETBALL CAMP

The University of Kansas

SCREENING EXAM – FORM 2

A school physical can be substituted for this form—must be dated within one year of respective camp.

NAME _____DATE OF EXAM_____
DATE OF BIRTH_____
ADDRESS_____
KNOWN ALLERGIES_____
DATE OF LAST TETNUS BOOSTER SHOT_____
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS), SUPPLEMENTS_____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

_____Ongoing or chronic illness
_____Hospitalized overnight
_____Chest pain during exercise
_____High blood pressure
_____Asthma
_____Surgery
_____Passed out or dizziness after exercise
_____Heart murmur
_____Seizures
_____Concussion or loss of consciousness
_____Cough, wheezing, or trouble after or during exercise
_____Racing of your heart or skipped heartbeats
_____Family member or relative who died of heart disease or sudden death before age 50
_____Problems with eyes (decreased vision, eyeglasses, and contact lenses)
_____Orthopedic injuries (sprains, fractures, ligament damage). Please describe:
_____

FEMALES ONLY: Have you begun menstruation?_____
Frequency of menses_____Length of menses_____

I certify that the above information is complete and correct.
Signature:_____Date:_____

PHYSICAL EXAM BP_____PULSE_____HT_____WT_____

Please check if ABNORMAL and explain at bottom of page:

_____Eyes/ears/nose/throat
_____Lymph nodes
_____Heart
_____Pulses
_____Lungs
_____Abdomen
_____Genitalia/hernia
_____Skin
_____Neck
_____Back
_____Shoulder/upper arm
_____Elbow/forearm
_____Wrist/forearm
_____Hip/upper leg
_____Knee
_____Lower leg/ankle/foot

EXPLANATION OF ABNORMALS:_____

_____Cleared for all athletic activities
_____Not cleared for all athletic activities
Reason_____
Restrictions/Recommendations:_____

Signature of Examiner:_____Date:_____
Printed name of Examiner_____
Address of Examininer_____
_____

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This form MUST be returned to our office before or on the first day of camp to ensure participation.
No camper will be allowed to participate without a medical exam on file.