



# Physical Form

Youth Sail Training 2007

Do not return this form to the Virginia Maritime Heritage Foundation until Parts I-III are completely filled out, including student, parent/guardian and physician signatures and student's current record of immunization history.

## Part I – Information

Name of Student \_\_\_\_\_  
(first) (middle initial) (last)

Name of Parent/Guardian \_\_\_\_\_

By signing below, I certify that to the best of my knowledge the information contained in Parts I and II of this document is correct and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
(\*if student under 18)

## Part II – Medical History of Student – to be filled out by parent or guardian

This section should be completed **prior** to the physical examination and should be taken to exam for review by the physician.

- |       |       |  |
|-------|-------|--|
| Yes   | No    | 1. Have you ever had any of the following? Please explain YES answers.                               |
| _____ | _____ | heart murmur _____   |
| _____ | _____ | high blood pressure _____  |
| _____ | _____ | other heart problems _____   |
| _____ | _____ | broken bones _____   |
| _____ | _____ | weak joints-ankles, knees _____  |
| _____ | _____ | concussion _____   |
| _____ | _____ | operation(s) _____   |
| _____ | _____ | seizures/epilepsy _____  |
| _____ | _____ | 2. Have you ever fainted or passed out? _____  |
| _____ | _____ | 3. Have you ever been knocked out? _____   |
| _____ | _____ | 4. Have you ever been hospitalized? _____  |
| _____ | _____ | 5. Have you ever had to stop running after ¼ to ½ miles for chest pain or shortness of breath? _____ |
| _____ | _____ | 6. Do you have any allergies:  |
| _____ | _____ | a. Bee stings – On medication – yes no _____   |
| _____ | _____ | b. foods _____   |
| _____ | _____ | c. medicine _____  |
| _____ | _____ | d. other _____   |
| _____ | _____ | 7. Do you have asthma? _____   |
| _____ | _____ | 8. Do you have prescription use of any medicine? _____   |

- \_\_\_ 9. Do you use any medicines regularly? \_\_\_\_\_  
 \_\_\_ 10. Have you been recently treated for any illnesses lasting a week or  
 \_\_\_ more such as mononucleosis? \_\_\_\_\_  
 \_\_\_ 11. Have you had any blood disorders, including sickle cell trait, anemia,  
 \_\_\_ etc? \_\_\_\_\_  
 \_\_\_ 12. Do you wear contact lenses or eye glasses? \_\_\_\_\_  
 \_\_\_ 13. Do you have any missing or non-functioning organs such as eye,  
 \_\_\_ kidney, etc? \_\_\_\_\_  
 \_\_\_ 14. Have you recently had any instances or trouble with sleepwalking?  
 \_\_\_ 15. Do you have any other significant health problems? \_\_\_\_\_  
 \_\_\_\_\_

Date of last tetanus immunization? \_\_\_\_\_

**Please attach a current record of student's immunization history.**

Please attach a sheet of paper describing any other relevant conditions or if any answers to questions above need further explanation.

**Part III – Physical Examination- to be filled out by physician**

Guidelines for licensed physician, physician assistant, or nurse practitioner: The Virginia Maritime Heritage Foundation requires a physical examination/certification of students intending to sail on ocean-side or international passages aboard the Schooner *Virginia*. Physicians completing the examination should ensure that the student is:

*of sound health, has no physical limitations that would hinder or prevent the performance of duties, is physically and mentally able to stay alert for 4-6 hour shifts, and is free from any medical conditions that pose a risk of sudden incapacitation which would affect sailing or working on a vessel.*

Below is a partial list of physical demands that a student must be capable of handling:

- Working in cramped spaces on rolling vessels.
- Maintaining balance on a moving deck.
- Rapidly donning an exposure suit and/or personal floatation device.
- Stepping over doorsills of 24 inches in height.
- Pulling or lifting heavy objects a minimum of 25lbs.
- Climbing steep stairs or vertical ladders without assistance.
- Treading water for a minimum of 10 minutes.

Name of student \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Distinguishing marks \_\_\_\_\_

Gender \_\_\_\_\_

Age \_\_\_\_\_

BP \_\_\_\_\_

Pulse (rest) \_\_\_\_\_

(Exercise) \_\_\_\_\_

(Recovery) \_\_\_\_\_

