**NOTE: THIS FORM IS FOR OFF BASE KOREAN CLINIC ONLY**

MEMORANDUM FOR OSAN CHILD & YOUTH PROGRAMS

FROM: Off Base Korean Clinic

SUBJECT: Sports Physical (신체검사)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s name 이름),\_\_\_\_\_\_\_\_\_\_\_ (DOB 생년월일), has completed his/her physical examination on \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date날짜) and our clinic recommends the following:

 \_\_\_ 1. Full participation in physical activities without limitation

 (제한없이 모든 운동 참여 가능)

 \_\_\_ 2. Participation in physical activities with limitation

 (참여가능하나 제한 조건 있슴)

 \_\_\_ 3. Further assessment is needed (추가 검진필요)

 \_\_\_ 4. Not approved for physical activities (운동 불가)

Additional comments:

Ht (키): \_\_\_\_cm Wt (체중): \_\_\_\_kg BP (혈압): \_\_\_\_\_\_\_ HR (맥박): \_\_\_\_\_\_

Vision (시력): R (우) \_\_\_\_\_ L (좌) \_\_\_\_\_\_

Both (양쪽) \_\_\_\_\_with/without corrective lenses (교정후/교정전)

Scoliosis (척추측만증): pass/fail (circle one)

2. This physical is approved for the period of ONE YEAR from the date of the examination unless there is change in his/her physical condition.

 이 신체검사 확인서는 1년동안 건강상태의 변화가 없는한 검진일 이후 1년 동안 유효함.

3. Please feel free to call our clinic with any questions. 문의사항이 있을시는 저희 병원으로 연락주십시요. Our clinic number is (병원 전화번호)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician’s name and signature

\*Note: Parents/guardian must fill out the medical history part on the back. (뒷면의 질문서는 보호자가 작성함.)

HEALTH ASSESSMENT (COMPLETED BY SPONSOR/PARENT)

MEDICAL HISTORY (please check yes or no for each questions.)

STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_ SEX\_\_\_\_\_ SPONSOR’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a chronic illness or see a physician regularly for any particular problem? Yes\_\_\_\_ No \_\_\_\_

 만성질병이나 특별한 이유로 정기적으로 의사를 보고 있습니까?

1. Have you ever had an illness that required you to stay in the hospital? Yes\_\_\_\_ No \_\_\_\_

질병으로 인하여 병원에 입원한 적이 있습니까?

1. Have you ever had surgery? 수술한 경험이 있습니까? Yes\_\_\_\_ No \_\_\_\_
2. Have you ever broken a bone, had to wear a cast, or had an injury to any joint? Yes\_\_\_\_ No \_\_\_\_

 골절을 당하거나 기브스를 하거나 다른 이유로 관절을 다친적이 있습니까?

1. Are you missing any organs? (eye, kidney, testicle) Yes\_\_\_\_ No \_\_\_\_

신체기관중 없는 것이 있습니까?(눈,신장, 고환 등)

1. Have you ever passed out during exercise or stopped exercising because of dizziness or chest pain? Yes\_\_\_\_ No \_\_\_\_

 흉통이나 어지러움 때문에 운동을 중단해야 했거나 운동중 쓰러진 적이 있습니까?

1. Have you ever had a heat related illness? Yes\_\_\_\_ No \_\_\_\_

 열과 관련된 병을 앓은 적이 있습니까?

1. Have you ever had a concussion? Yes\_\_\_\_ No \_\_\_\_

뇌진탕을 앓은적이 있습니까?

1. Do you have asthma, hay fever or coughing spells after exercise? Yes\_\_\_\_ No \_\_\_\_

천식이나 고초열이 있거나 운동후 기침이 심하게 납니까?

1. Have you ever had a heart murmur, high blood pressure, or a heart abnormality? Yes\_\_\_\_ No \_\_\_\_

과거에 심장의 잡음, 고헐압, 혹은 심장의 비정상적인 문제가있었습니까?

1. Do you wear glasses or contact lenses? 안경이나 렌즈를 착용하십니까? Yes\_\_\_\_ No \_\_\_\_
2. Do you wear dental bridges, braces, or plate? 치아보조기구를 착용하십니까? Yes\_\_\_\_ No \_\_\_\_
3. Have any members of your family under age 50 had a heart attack, heart problem or died unexpectedly? Yes\_\_\_\_ No \_\_\_\_

가족중에 50세전에 심장마비나 심장질환을 겪었거나 갑자기 사망한 사람이 있습니까?

1. Do you take any medications? Yes\_\_\_\_ No \_\_\_\_

List medications below include dose and frequency.

현제 복용하고 있는 약이 있습니까? (약명과 투약횟수, 용량을 기록하십시요.)

1. Are you allergic to any medications? 약에 대한 알러지가 있습니까? Yes\_\_\_\_ No \_\_\_\_

Explain any “yes” answers in the space below.