

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**HISTORY** (completed and signed to the best of their knowledge by parent/guardian and student prior to physical examination. Withholding or falsifying information could lead to serious medical complications):

**SPORT/ACTIVITY** (*Circle one*): **Football**      **Baseball**      **Track**  
**Basketball**      **Tennis**      **Swimming**      **Other** (*List: \_\_\_\_\_*)

- | 1) HAS THE STUDENT EVER:  | CHECK ONE      | IF YES, EXPLAIN: |
|---|----------------|------------------|
| A. Been knocked out?  | YES ( ) NO ( ) | _____            |
| B. Had a concussion?  | YES ( ) NO ( ) | _____            |
| C. Stayed overnight in a hospital?  | YES ( ) NO ( ) | _____            |
| D. Had an operation?  | YES ( ) NO ( ) | _____            |
| E. Had heat exhaustion or heat stroke?  | YES ( ) NO ( ) | _____            |
| F. Had a head or neck injury?   | YES ( ) NO ( ) | _____            |
| G. Had a back or spinal injury?   | YES ( ) NO ( ) | _____            |
| H. Had a heart murmur?  | YES ( ) NO ( ) | _____            |
| I. Had high blood pressure?   | YES ( ) NO ( ) | _____            |
| J. Had a heart problem?   | YES ( ) NO ( ) | _____            |
| K. Fainted while doing exercise?  | YES ( ) NO ( ) | _____            |
|   |                |                  |
| 2) DOES THE STUDENT:  |                |                  |
| A. Take medicine every day?   | YES ( ) NO ( ) | _____            |
| B. Wear glasses or contact lenses?  | YES ( ) NO ( ) | _____            |
| C. Wear dental appliances?  | YES ( ) NO ( ) | _____            |
| D. Wear hearing aids?   | YES ( ) NO ( ) | _____            |
| E. Have any allergies?  | YES ( ) NO ( ) | _____            |
| F. Have any chronic illnesses?<br>(i.e., diabetes, asthma, seizures)                                | YES ( ) NO ( ) | _____            |
| G. Have any body parts missing?<br>(i.e., kidney, finger, etc)                                      | YES ( ) NO ( ) | _____            |
|   |                |                  |
| 3) HAS THE STUDENT'S MOTHER, FATHER, BROTHER(S) OR SISTER(S) HAD ANY HEART PROBLEM PRIOR TO AGE 50? | YES ( ) NO ( ) | _____            |
|   |                |                  |
| 4) HAS ANY PHYSICIAN LIMITED THE STUDENT'S ATHLETIC PARTICIPATION?                                  | YES ( ) NO ( ) | _____            |
|   |                |                  |
| 5) HAS THE STUDENT EVER BROKEN A BONE OR HAD A CAST ON THE:   |                |                  |
| A. Hand?  | YES ( ) NO ( ) | _____            |
| B. Wrist?   | YES ( ) NO ( ) | _____            |
| C. Arm?   | YES ( ) NO ( ) | _____            |
| D. Foot?  | YES ( ) NO ( ) | _____            |
| E. Ankle?   | YES ( ) NO ( ) | _____            |
| F. Leg?   | YES ( ) NO ( ) | _____            |
| G. Other?   | YES ( ) NO ( ) | _____            |
|   |                |                  |
| 6) IN THE PAST YEAR HAS THE STUDENT BROKEN A BONE WHILE PLAYING SPORTS?                             | YES ( ) NO ( ) | _____            |

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student from participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical exams and prompt treatment for illnesses/injuries. This is to certify that I have read and understand the above information and hereby give permission and consent for emergency and/or medical treatment for my son ( ), daughter ( ), ward ( ) and that the responses to the preceding questions are correct.

SIGNED: \_\_\_\_\_ PARENT ( ) GUARDIAN ( )      DATE: \_\_\_\_\_