

STUDENT HISTORY AND PHYSICAL

PARENTS/GUARDIAN/ATHLETE – PLEASE ANSWER ALL QUESTIONS

General

Yes No

- 1. Do you have any allergies (medicine, food, latex, bees, or other stinging insects)?
- 2. Have you ever been hospitalized?
- 3. Have you ever had surgery?
- 4. Are you presently taking any medication or pills (including vitamins and aspirin)?
- 5. Do you have any skin problems (itching, rashes, acne)?
- 6. Do you have any chronic or recurrent illness?
- 7. Have you had a medical problem or injury since your last evaluation?
- 8. Have you ever had any illness lasting longer than a week?
- 9. Do you have any organ missing (eye, kidney, testicle)?

Explain "Yes" answers: _____

Heart/Lung

- 1. Have you ever passed out during or after exercise?
- 2. Have you ever been dizzy during or after exercise?
- 3. Have you ever had chest pain during or after exercise?
- 4. Do you tire more easily or quickly than your friends during exercise?
- 5. Have you ever had high blood pressure?
- 6. Have you ever had or been told you have a heart murmur or rheumatic fever?
- 7. Have you ever had racing of your heart or skipped heartbeats?
- 8. Has anyone in your family died of heart problems or sudden death before age 50?
- 9. Have you ever had heat or muscle cramps?
- 10. Have you ever been dizzy or passed out in the heat?
- 11. Have you had asthma, trouble breathing, or cough during or after exercise?

Explain "Yes" answers: _____

Ear/Eyes/Nose/Throat

- 1. Have you ever had any problems with your eyes or vision?
- 2. Do you wear glasses, contacts, or protective eye wear?
- 3. Do you have a known hearing loss?
- 4. Do you wear any dental appliance such as braces, retainer, or bridge?

Explain "Yes" answers: _____

Musculo-Skeletal/Neurological

- 1. Have you ever had a head or neck injury?
- 2. Have you ever been knocked out or unconscious?
- 3. Have you ever had a seizure, fainting, or severe dizziness?
- 4. Do you have frequent severe headaches?
- 5. Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints?
 - Head Shoulder Thigh Neck Elbow Knee
 - Chest Forearm Shin/calf Back Wrist Ankle
 - Hip Hand Foot

Explain "Yes" answers: _____

Abdomen/Hernia

- 1. Have you ever had abdominal surgery or problems?
- 2. Have you had hepatitis or mononucleosis?
- 3. Are you worried about your weight?
- 4. Do you have any medical concerns about participating in your sport?

QUESTIONS FOR FEMALES ONLY

Reproductive

- 1. Your age at your first menstrual period? _____
 - 2. What was the longest time between your periods last year? _____
 - 3. Do you have any menstrual problems or concerns? _____
- Explain: _____

LICENSED HEALTH PROFESSIONAL USE ONLY: HEIGHT _____ WEIGHT _____ URINALYSIS _____ BLOOD PRESSURE _____ PULSE _____

I certify that I have, on this date, examined the above-named student and recommend him/her as being able to participate in supervised activities except as indicated below.

- Full participation Limited participation

Limitations and restrictions: _____

Date: _____ Licensed Health Professional Signature: _____

Print name: _____