

Heritage Hall Christian School SPORTS PHYSICAL

HISTORY (to be completed by student/parent)

DATE: _____

Student _____ Phone: (_____) _____

Street _____ City _____ ZIP _____

Sex: _____ Age _____ Date of Birth _____ Grade _____

Personal Physician _____ Phone: (_____) _____

Previous high school attended _____

Explain "Yes" answers below: Yes No

1. Have you ever been hospitalized?.....
 Have you ever had surgery:
 Are you presently under a doctor's care?
2. Are you presently taking any medications or pills?.....
3. Do you have any allergies (medicine, bees or other stinging insects)?.....
4. Have you ever passed out during or after exercise?
 Have you ever been dizzy during or after exercise?.....
 Have you ever had chest pain during or after exercise?
 Have you ever had high blood pressure?.....
 Have you ever been told that you have a heart murmur?
 Have you ever had racing of your heart or skipped heartbeats?
 Has anyone in your family died of heart problems or a sudden death before age 50?
 Has anyone in your family had Marfan's syndrome?.....
5. Do you have any skin problems (itching, rashes, acne)?.....
6. Have you ever had a head injury?
 Have you ever been knocked out or unconscious?.....
 Have you ever had a seizure, "fit" or epilepsy?
 Have you ever had a stinger, burner or pinched nerve?.....
7. Have you ever had heat cramps, heat illness or muscle cramps?.....
8. Do you have trouble breathing or do you cough during or after activity?
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc)?.....
10. Have you had any problems with your eyes or vision?
11. Are you missing an eye, kidney or testicle?
12. 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 Foot
 Forearm Shin/calf Back Wrist Ankle Hip Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?
14. Have you had a medical problem or injury since your last evaluation?.....
15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
 When was your last menstrual period? _____
 What was the longest time between your periods last year? _____

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date _____

Signature of athlete _____

Signature of parent/guardian _____

PHYSICAL EXAMINATION (must be signed by Physician below)

Student _____

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils (Circle): Equal/ unequal R>L L>R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	NO Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	no yes	
Murmur (standing)	no yes	
	Normal ✓	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below.**

- Boys Sports: Soccer basketball
 Girls Sports: Volleyball basketball cheerleading

Name of Physician _____

Address: _____

Phone: (_____) _____

Date _____

Signature of Physician _____ (stamp here)