

## ATHLETE MEDICAL HISTORY FORM

ATHLETES NAME \_\_\_\_\_ DOB \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SPORT \_\_\_\_\_  
 EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
 FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**HAVE YOU EVER HAD OR DO YOU HAVE:**

		YES	NO			YES	NO
HEAD INJURY		___	___	DIABETES		___	___
SEIZURES		___	___	HIGH BLOOD PRESSURE		___	___
NECK/BACK PAIN		___	___	BLEEDING DISORDER		___	___
FAINTING SPELLS		___	___	THYROID DISORDER		___	___
EYE PROBLEMS		___	___	FRACTURES		___	___
SKIN PROBLEMS		___	___	ASTHMA		___	___
HEART PROBLEMS		___	___	SURGERY		___	___
KIDNEY PROBLEMS		___	___	RECENT/CURRENT HEALTH ISSUES		___	___
FAMILY HISTORY OF SUDDEN CARDIAC DEATH BEFORE AGE 50? _____							

Details to any Yes answers above \_\_\_\_\_

ALLERGIES \_\_\_\_\_  
 CURRENT MEDICATIONS (PRESCRIBED & OVER THE COUNTER) \_\_\_\_\_

I hereby give permissions for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY PROVIDER:**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_ APPEARANCE \_\_\_\_\_ SKIN \_\_\_\_\_  
 VISION: R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED \_\_\_\_\_ EYES \_\_\_\_\_ HEARING \_\_\_\_\_ LYMPH NODES \_\_\_\_\_  
 HEART \_\_\_\_\_ MURMUR \_\_\_\_\_ LUNGS \_\_\_\_\_ ABDOMEN \_\_\_\_\_ HERNIA \_\_\_\_\_ NEUROLOGIC \_\_\_\_\_  
 NECK \_\_\_\_\_ BACK \_\_\_\_\_ SHOULDER/ARM \_\_\_\_\_ ELBOW/FOREARM \_\_\_\_\_ WRIST/HAND \_\_\_\_\_  
 HIP/THIGH \_\_\_\_\_ KNEE \_\_\_\_\_ LEG/ANKLE \_\_\_\_\_ FOOT/TOES \_\_\_\_\_ FUNCTIONAL \_\_\_\_\_

List any abnormal findings \_\_\_\_\_

\_\_\_\_ Cleared for all sports without restrictions  
 \_\_\_\_ Cleared for all sports with restrictions or recommendations \_\_\_\_\_  
 \_\_\_\_ Not cleared \_\_\_\_\_  
 PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_