**SCHOOL PHYSICAL CONSENT FORM**

MIDDLE COUNTRY SCHOOL DISTRICT

ATHLETIC DEPARTMENT

I hereby give consent for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive a medical

 (Student Name)

Physical examination for interscholastic athletics by the School Medical Doctor.

**Has your child ever had any of the following?**

**Medical/Surgical History**  NO YES DATE IF YES, EXPLAIN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. EYE DISORDER (VISION) |  |  |  |  |
| 2. EAR DISORDER (HEARING) |  |  |  |  |
| 3. NOSE DISORDER |  |  |  |  |
| 4.THROAT DISORDER |  |  |  |  |
| 5. DENTAL DISORDER |  |  |  |  |
| 6.HEART: MURMUR |  |  |  |  |
|  : FAMILY HISTORY OF HEART ABNORMALITY |  |  |  |  |
|  : STRUCTURAL HEART ABNORMALITY |  |  |  |  |
|  : HEART RHYTHM PROBLEMS -LONG OR SHORT QT INTERVAL |  |  |  |  |
|  : RHEUMATIC FEVER |  |  |  |  |
|  : CHEST PAIN, DIZZINESS, OR SHORTNESS OF BREATH DURING OR AFTER EXERCISE |  |  |  |  |
|  : FAMILY HX OF HEART ATTACK BEFORE 50 YEARS |  |  |  |  |
| 7. LUNGS: PNEUMONIA |  |  |  |  |
|  : BRONCHITIS |  |  |  |  |
|  : ASTHMA |  |  |  |  |
| 8. KIDNEY/BLADDER DISORDER |  |  |  |  |
| 9. ABDOMINAL/INTESTINAL DISORDER |  |  |  |  |
| 10. HERNIA |  |  |  |  |
| 11. UNDESCENDED TESTICLES |  |  |  |  |
| 12. BONES/JOINTS: FRACTURES/DISLOCATIONS |  |  |  |  |
| 13. MUSCLE/NERVE DISORDER/EPILEPSY  |  |  |  |  |
| 14. HEAD INJURY |  |  |  |  |
| 15. ALLERGIES |  |  |  |  |
| 16. HOSPITAL ADMISSIONS |  |  |  |  |
| 17. MEDICATIONS |  |  |  |  |
| 18. DIABETES |  |  |  |  |

19. OPERATIONS DATE TYPE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**Has the student had any serious injury or accident during the summer months? Yes\_\_\_ No\_\_\_ During the school year has the student been absent from school due to accident or illness more than five consecutive days? Yes\_\_\_ No\_\_\_**

**Signature of Parent/Guardian**  **Date**

* **Please note that this form must be submitted 48 hours prior to the date of the physical in order to obtain an appointment**