Fremont Union High School District

Physical Exam Form - Part 1

Student/Athlete's Health History (Required)

Student ID# _____

School: | School Year: | Sports/Activities Trying Out for:

Last Name: | First Name: | M.I.:

Grade: | Home Ph: | Date of Birth: | Age: | ☐ Male ☐ Female

Home Address: | City: | Zip:

Name of Family Doctor or Medical Clinic/Hospital:

Street Address of Doctor or Medical Clinic/Hospital:

City: | Zip: | Doctor's Office Phone Number:

STUDENT'S HEALTH HISTORY: To be completed by the Parent/Guardian and reviewed by the doctor at time of the student's Physical Exam. Parents, please check (√) "Yes" or "No" to the questions below about your child's health history.

Date of student's last Diphtheria/Tetanus shot? (month/day/year)

Has the student had any:	Yes	No
1. Chronic or recurrent illness?	☐	☐
2. Illness lasting over 1 week?	☐	☐
3. Hospitalization?	☐	☐
4. Surgery other than removal of tonsils?	☐	☐
5. Missing organs (eye, kidney, testicle)?	☐	☐
6. Problems with heart or shortness of breath during exercise?	☐	☐
7. Dizziness or fainting with exercise?	☐	☐
8. Fainting, bad headaches, or convulsions?	☐	☐
9. Concussion or loss of consciousness?	☐	☐
10. Heat exhaustion, heatstroke, or other problems with heat?	☐	☐
Does this student:		
11. Wear eyeglasses or contact lenses?	☐	☐
12. Wear dental bridges, braces, or plates?	☐	☐
13. Take any medications? If so, please list them below.	☐	☐

Is there any history of:	Yes	No
14. Injuries requiring Doctor's treaments?	☐	☐
15. Neck or back injury?	☐	☐
16. Knee injury?	☐	☐
17. Shoulder or elbow injury?	☐	☐
18. Ankle injury?	☐	☐
19. Other serious joint injury?	☐	☐
20. Broken bones or fractures?	☐	☐
21. Other serious injury?	☐	☐
Further History:		
22. Is there any reason why this student should not participate in sports?	☐	☐
23. Has any family member died suddenly at less than 40 years of age of causes other than an accident?	☐	☐
24. Has any family member had a heart attack at less than 35 years of age?	☐	☐

Use the space below to explain any questions above that you answered "yes" to:

Medications your son/daughter is currently taking:

Parent's/Guardian's & Student's Acknowledgement

I have reviewed and agree with the information presented on this form. I also understand that the Physical Examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal doctor. I do not know of any reason why the above-named student should not participate and represent his/her school in supervised athletic activities.

Signature of Parent/Guardian: | Date (mo/day/year):

Signature of Student/Athlete: | Date (mo/day/year):