

**Lodi High School
Personal Physician Athletics Clearance Form**

PART 1: (To be completed by student and parents/guardian)

Name _____ Grade _____ Student ID _____

Address _____

City _____ Zip _____ Phone () _____

Age _____ Birth Date _____ Sex _____

Year in School: Fr So Jr Sr

Sports—circle all that apply:

- | | | |
|---------------|-----------------|-------------------|
| Badminton | Soccer | Water Polo |
| Baseball | Softball | Wrestling |
| Basketball | Swimming/Diving | Competitive Cheer |
| Cross Country | Tennis | Drill |
| Football | Track and Field | Sideline Cheer |
| Golf | Volleyball | |

Doctor's Name _____ Doctors Phone () _____

Health Insurance _____

Health History

Date of Last Known Tetanus Shot _____

Please Circle (Must be Completed PRIOR to the Exam)

Is there a history of:

- | | | | |
|---|-----|--|--------|
| Hospitalizations? | Y N | Knee injury? | Y N |
| Surgery other than removal of tonsils? | Y N | Shoulder or elbow injury? | Y N |
| Missing organs (eye, kidney, testicle)? | Y N | Ankle injury? | Y N |
| Allergies (medicines, insects, food)? | Y N | Dislocation of a joint? | Y N |
| Chest pain or severe shortness of breath with exercise? | Y N | Catching or locking of a joint? | Y N |
| Problems with blood pressure or heart (heart murmur)? | Y N | Broken bones/fractures? | Y N |
| Dizziness or fainting with exercise? | Y N | Ulcers or hernias? | Y N |
| Severe or frequent headaches? | Y N | Stingers/burners? | Y N |
| Heat exhaustion, heat stroke or other problems with heat? | Y N | Skin problems? | Y N |
| Seizures/convulsions? | Y N | Mono, hepatitis, hemophilia? | YN |
| Neck or Back injury? | Y N | Diabetes? | |
| Concussion of loss or consciousness? | Y N | Has any family member died suddenly at less than 40 years of age of causes other than an accident? | Yes No |

Please provide more information, dates, and detail of concussion. Has any family member had a heart attack at less than 55 years of age? Yes No

Use the space below to explain any yes answers to the above questions.

Parent's or Guardian's Acknowledgment: I have reviewed and agree with the information presented on this form. I also understand that this 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 physician. I know of no reason why the above named student should not participate and represent his or her school in supervised athletic activities.

PRINT Name of Parent/Guardian / **Signature of Parent/Guardian**
 () _____ () _____ / _____
 Home Phone Number Work Phone Number Date

