



DOMINICAN ACADEMY

Catholic College Preparatory School for Girls

D.A. Medical Report and Sports Participation Screening

NAME _____ Grade _____ D.O.B. _____

EXPLAIN YES ANSWERS BELOW.

YES NO

A yes answer to a question does not mean automatic disqualification from athletic activity.

- 1. Have you ever been hospitalized? _____
- 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 exercises? _____
- Have you ever been dizzy during or after exercise? _____
- Have you ever had chest pain during or after exercise? _____
- Do you tire more quickly than your friends during exercise? _____
- Have you ever had high blood pressure? _____
- Have you ever been told you have a heart murmur? _____
- Have you ever had racing of your heart or skipped heartbeats? _____
- 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? _____
- Have you ever had a stinger, burner or pinched nerve? _____
- 7. Have you ever had heat or muscle cramps? _____
- Have you ever been dizzy or passed out in the heat? _____
- 8. Do you have trouble breathing or do you cough during or after activity? _____
- 9. Do you use any special equipment (pads, braces, mouth guard or goggles, etc.)? _____
- 10. Have you had any problems with your eyes or vision? _____
- Do you wear glasses or contacts or protective eyewear? _____
- 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? _____
- Body Part _____
- 12. Have you had any other medical problem (infectious mononucleosis, diabetes, asthma, etc.)? _____
- 13. Have you had a medical problem or injury since your last evaluation? _____
- 14. When was your last tetanus shot? _____
- 15. When was your first menstrual period? _____
- What was your longest time between your periods? _____

EXPLAIN ALL "YES" ANSWERS _____

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

Parent/Guardian Signature _____ Date _____

Physicians Examination: Should be dated after June 1, 2019

This certifies that I have examined the above-named student and she is in good health and is physically cleared to participate in all interscholastic sports without any restrictions during the school year 2019/2020.

Print Name of Physician _____

Physician's Signature _____

Physician's Stamp _____

Date of Examination _____