Name of Athlete:_____

Please Check No or Yes for the following Medical Conditions

| **Medical Condition** | **Yes** | **No** | **Comments** (ex: if you put yes for asthma please put if they carry an inhaler, If you checked yes for allergic to medication or food put what allergic to and if have an epi pen) |
|---|---|---|---|
| Any ongoing or chronic illness? | | | |
| Surgery | | | |
| Hepititis | | | |
| Rheumatic Fever | | | |
| Heart Disease | | | |
| Kidney Porblems | | | |
| Asthma | | | |
| Epilepsy or other Seizure disorder | | | |
| Sickle Cell Animia | | | |
| Appendicitis | | | |
| Hernia | | | |
| Frequent Headaches | | | |
| Dizziness | | | |
| Collapsed Lung | | | |
| Chest Pain | | | |
| Shortness of Beath | | | |
| Irregular Heart Beat | | | |
| Heart Murmer | | | |
| High Blood Pressure | | | |
| Stomach Ulcer | | | |
| Mononucleosis | | | |
| Intestinal Disorder | | | |
| Vernarial Diease | | | |
| Hives, Rash | | | |
| Skin Infection | | | |
| Loss of Conscousness | | | |
| Cancer | | | |
| Taking Perscrition Medications | | | |
| Taking Over the Counter Medications | | | |
| Allergic to Medications | | | |
| Allergic to Foods or Insects | | | |
| Numbness in Hands or Feet | | | |
| Heat Illness or Stroke | | | |
| Eye Injury or Problems | | | |
| Wears Glasses | | | |

| | | | |
|---|---|---|---|
| Wears Contacts | | | |
| Wears Hearing Aid | | | |
| Excessive Bleeding After Dental Extract | | | |
| Family Member Died of Heart Problem or Sudden Death | | | |
| Tetanus Immunization | | | |
| Hebatitis B Immunization | | | |
| Measles Immunization | | | |
| Chicken Pox Immunization | | | |
| Concussion | | | |
| Injured Neck | | | |
| Injured Shoulder | | | |
| Injured Upper Arm | | | |
| Injured Elbow | | | |
| Injured Forearm | | | |
| Injured Wrist | | | |
| Injured Hand or Fngers | | | |
| Injured Chest or Ribs | | | |
| Injured Abdomen | | | |
| Injured Back | | | |
| Injured Hip | | | |
| Injured Groin | | | |
| Injured Thigh | | | |
| Injured Hamstring | | | |
| Injured Knee | | | |
| Injured Lower Leg | | | |
| Injured Ankle | | | |
| Injured Foot or Toes | | | |
| Wears a Knee of Ankle Brace | | | |
| Orthopedic Surgery | | | |
| A Pin, Plate or Screw in Body | | | |
| Advised to Have Surgery but Didn't | | | |
| Other | | | |

Parent Signature:_____ Date:_____