

**Student or Parent: Please complete this side of the form
PRIOR to student's physical exam**

Date of Birth _____

Name _____ **Age** _____ **Grade** _____ **Female** **Male**

List the sports that you will be participating in:

Fall _____ **Winter** _____ **Spring** _____

	Yes	No
1. Have you ever been hospitalized (overnight)?		
2. Have you ever had surgery? If yes, list below.		
3. Do you have any allergies (e.g., medication, bee stings)? If yes, list below.		
4. Have you ever passed out during exercise (not from heat)? Have you ever been dizzy during exercise (not from heat)? Do you cough, wheeze, or have a shortness or breath during exercise?		
5. Have you ever had high blood pressure? Have you ever been told you had a heart murmur Has your heart ever raced or skipped beats? Has anybody in your family died suddenly or of heart problems before 40? Does anyone in your family have Marfan's syndrome?		
6. Have you ever had a concussion or other head injury? If yes, list below.		
7. Have you ever had a seizure? Have you ever had a burner/stinger (pain from the neck to arm)?		
8. Have you ever had heat cramps? Have you ever been dizzy or passed out in the heat?		
9. Do you wear special pads or braces when you exercise?		
10. Do you drink milk products or eat dairy foods? Do you consume more than 12 ounces of soda per day?		
11. Have you had a tetanus shot (or booster) within the last 5 years?		
12. Have you ever injured (broken/ fractured, sprained, dislocated) any of the following areas? <i>Check all that apply:</i> ___ Ankle ___ Back ___ Elbow ___ Foot/toes ___ Forearm ___ Wrist/hand/finger ___ Hip ___ Knee ___ Lower Leg ___ Shoulder ___ Thigh ___ Upper arm		
13. Have you ever had or do you currently have any of the following medical problems? <i>Check all that apply:</i> ___ Asthma ___ Diabetes ___ Hepatitis ___ Hernia(s) ___ Measles ___ Mononucleosis ___ Tuberculosis ___ Stress fractures ___ Ulcers ___ Sickle cell trait/disease		

The above information is current and correct to the best of my knowledge.

Parent/Guardian signature

Date