

MEDICAL HISTORY AND PHYSICAL EXAMINATION



MEDICAL HISTORY RECORD (To be completed by parent/guardian)

Date_____

Name of student_____M____F____Birth date_____

Address_____Phone_____Grade_____

Did you have any unusual problems with this child in the first 18 months of life? Yes ____ No____

Comment_____

Polio						TB SKIN TEST Date / /	mm	Neg____ Pos____
Tdap						Chest X-Ray Film Date:	Normal____ Abnormal____	
MMR						DRUG	THERAPY____	
Hepatitis B	1	2	3	Hib		Varicella____	____	

I hereby give consent to the Visalia Unified School District to receive from or send to Dr._____ any information concerning my child's health.

Signature of parent/guardian_____Date_____

PHYSICAL EXAMINATION (To be completed by physician)

Date of Examination_____Age_____Height_____Weight_____B.P._____

NORMAL	EVALUATION	ABNORMAL	COMMENTS
	EYE(VISION)		
	EYE		
	EAR (HEARING)		
	EAR (DRUMS/CANALS)		
	MOUTH (TEETH)		
	NOSE, THROAT, NECK		
	HEART		
	LUNGS		
	ABDOMEN (VISCERA)		
	GENITALS, HERNIA		
	EXTREMITIES, BACK		

URINE: Albumin_____Sugar_____BLOOD: Hemoglobin/HCT_____

GIVENTODAY:POLIO_____Tdap_____MMR_____HEPB_____VARICELLA_____PPD_____Result_____mm

FOR HIGH SCHOOL: Can this student participate in competitive sports? Yes_____No_____

If not, give recommendations regarding restrictions:_____

Physician's Signature_____Phone Number_____

Address_____

AMERICAN MEDICAL ASSOCIATION DISQUALIFYING CONDITIONS FOR SPORT PARTICIPATION

CONDITIONS	COLLISION	CONTACT	NON CONTACT	OTHER
GENERAL: Acute Infection: Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis.	X	X	X	X
Obvious physical immaturity in comparison with other competitors	X	X		
Hemorrhagic Disease: Hemophilia, purpura and other serious bleeding tendencies	X	X	X	
Diabetes: Inadequately controlled	X	X	X	X
Diabetes: Controlled				
Jaundice	X	X	X	X
EYES: Absence or loss of function of one eye	X	X		
RESPIRATORY: Tuberculosis (active or symptomatic)	X	X	X	X
Severe pulmonary insufficiency	X	X	X	X
CARDIOVASCULAR: Mitral stenosis, aortic stenosis, aortic insufficiency, coarctating of aorta, cyanotic heart disease, recent carditis or any etiology	X	X	X	X
Hypertension on organic basis	X	X	X	X
Previous heart surgery for congenital or acquired heart disease*				
LIVER: Enlarged spleen	X	X		
SKIN: Boils, impetigo and herpes simplex gladiatorum	X	X		
SPLEEN: Enlarged spleen	X	X	X	
HERNIA: Inguinal or femoral hernia	X	X	X	
MUSCULOSKELETAL: Symptomatic abnormalities or inflammations	X	X	X	X
Functional inadequacy of the musculoskeletal system, congenital or acquired, incompatible with the contact or skill demands of the sport	X	X	X	
NEUROLOGICAL: History of symptoms of previous serious head trauma or repeated concussions	X			
Controlled convulsive disorder #				
Convulsive disorder not moderately well controlled by medication	X			
Previous surgery on head	X	X		
RENAL: Absence of one kidney	X	X		
Renal disease	X	X	X	X
GENITALIA: Absence of one testicle/Undescended testicle				

COLLISION: Football, Rugby, Hockey, Lacrosse, etc
CONTACT: Baseball, Soccer, Basketball, Wrestling, Water Polo, etc.
NON-CONTACT: Cross Country, Track, Tennis, Crew, Swimming, etc
OTHER: Bowling, Golf, Field Events, Archery, etc.

*Each patient should be judged on an individual basis in conjunction with this cardiologist and operating surgeon.

** Each person should be judged on a individual basis. All things being equal, it is probably to encourage a young boy or girl to participate in a non-contact sport rather than a contact sport. However, if a particular patient has a great desire to play a contact sport, and this is deemed a major ameliorating factor in his/her adjustment to school, associates and the seizure disorder, serious consideration should be given to letting him/her participate if the seizures are moderately well controlled or that the athlete is under good medical management.

*** The Committee approves the concept of contact sports participation for youths with only one testicle or with an undescended testicle (s), except in specific cases such as an inguinal canal undescended testicle (s) following appropriate medical evaluation to rule out unusual injury risk. However, the athlete's parents and school authorities should be fully informed that participation in contact sports for such youths with only one testicle does carry a slight injury risk to the remaining healthy testicle. Following such an injury, fertility may be adversely affected. But the chances of an injury to a descended testicle are rare, and the injury risk can be further substantially minimized with an athletic supporter and protective device.