MEDICAL REPORT on CARDIAC STUDENT

NAME________________________ DATE (given)__________ D.O.B.__________

ADDRESS________________________ SCHOOL__________

INITIAL REFERRAL__________ANNUAL FOLLOW-UP__________

I. As a result of this examination of this child, the following diagnosis has been made:

1. **HEART DISEASE**-------------------------- YES--------- NO
2. **Rheumatic heart disease**--------------------- YES--------- NO
3. **Congenital heart disease**-------------------- YES--------- NO
4. **Classification functional capacity:** Class I Class II Class III Class IV

   Therapeutic classification: Class A Class B Class C Class D Class E

   (***See reverse side for description of classification of patients with heart disease***)
5. Annual evaluation---------------------------- YES--------- NO
6. Further comments__________

II. **History and laboratory data:** This child had the following signs and symptoms:

Pain in joints, limbs Palpitations Abdominal pain Loss of appetite

Sore throat-frequent cold Fatigue Twitching Pallor Nosebleeds Irritability

Month__________Day__________YEAR__________

Laboratory date for tests: Echocardiography Cardiac Catheterization Surgery

Chest X-Rays Angiography Electrocardiogram Other__________

ACTIVITY PROGRAM RESTRICTIONS Start date__________ End date__________

Please provide what accommodations, if any are needed, by checking the activities below the student may/not participate in this year.

		YES	NO
Warm-Up exercise:	Stretching, walking		
Low Impact Aerobic:	Jumping, hopping, jogging, dance, TaeBo		
Stunts:	Tumbling, rolling, balance, strength		
Physical Fitness Testing:	Running, sit-ups, push-ups, pull-ups		
Non-Contact Games:	Paddle ball, jump rope, badminton, tennis, bowling, other racket sports		
Weight Training Program:	Free weights, treadmill		
Track And Field:	Sprints, intermediate & distance running, long jump, high jump, shot-put		
Apparatus:	Climbing, vaulting, support, suspension		
Competitive Games:	Soccer, hockey, basketball, baseball, softball, wiffle-ball, volleyball, speedball, touch football		
Recess Play:			

Stair climbing (circle): **YES NO** ***Number of flights of stairs allowed per day**__________

Use of helmet in gym: **YES NO** in recess: **YES NO** in class: **YES NO**

OTHER PROTECTIVE and/or **ASSISTIVE DEVICES** (please specify):__________

OTHER RESTRICTIONS:__________

PHYSICIAN PRINT / STAMP__________ **PHONE**__________

PHYSICIAN SIGNATURE__________ **DATE**__________

__________INITIAL EXAM __________ANNUAL FOLLOW UP

Approved by School Physician__________ **Date**__________