

Medical History - Fill in ALL Information!

Date of Physical Exam: _____

Athletes Name:	Date of Birth:	Age:	Sex: ☐ M ☐ F	Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12
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Family History: Has any family member ever had...?

- Diabetes ☐ Yes ☐ No
- Heart attack or disease ☐ Yes ☐ No
- Sickle cell trait or disease ☐ Yes ☐ No
- Arthritis of bone disease ☐ Yes ☐ No
- Has ANYONE in your family died under the age of 30 or unexpectedly ☐ Yes ☐ No

Athlete's Medical History:

- Have you ever had an illness that
 - required hospital stay? ☐ Yes ☐ No
 - lasted longer than a week? ☐ Yes ☐ No
 - is related to allergies? (i.e. hay fever, hives, asthma, insect sting) ☐ Yes ☐ No
 - required an operation? ☐ Yes ☐ No
 - is chronic (i.e. asthma, diabetes, epilepsy)? ☐ Yes ☐ No
- Have you ever had an injury that:
 - required you to go to an emergency room or see a doctor? ☐ Yes ☐ No
 - required you to stay in the hospital? ☐ Yes ☐ No
 - required an x-ray? ☐ Yes ☐ No
 - required an operation? ☐ Yes ☐ No
- Do you take any medication or pills? ☐ Yes ☐ No

Athlete's Medical History: (cont'd)

- Have you ever:
 - been dizzy or passed out during exercise? ☐ Yes ☐ No
 - been unconscious or had a concussion? ☐ Yes ☐ No
- Do you ever feel stressed out or under a lot of pressure? ☐ Yes ☐ No
- Do you ever feel sad, hopeless, depressed or anxious? ☐ Yes ☐ No
- Have you ever had a heart murmur, high blood pressure or heart abnormality? ☐ Yes ☐ No
- Do you have any allergies to medicine or food? ☐ Yes ☐ No
- Have you ever had: (check all that apply)

☐ seasonal allergies	☐ kidney disease
☐ cerebral palsy	☐ loss or absence of an organ
☐ emotional difficulties	☐ menstrual disorders
☐ mononucleosis	☐ ulcers
☐ seizures	☐ skin disease (impetigo, ringworm, herpes, scabies)
☐ serious or frequent headaches	☐ neck injury
☐ thyroid disease	☐ shoulder injury
☐ fracture/broken bone	☐ knee injury
☐ collapsed lung	☐ ankle injury
☐ pneumonia	☐ heat related illness
☐ enlarges spleen or liver	
☐ hernia	
- Have you ever tested positive for COVID-19? ☐ Yes ☐ No
If yes, date of positive test: _____

Please explain ALL "YES" responses from above! (Please indicate "RIGHT" or "LEFT" and "AGE" when it occurred?)

Physical should be completed after June 1st

Valid for upcoming school year only

Attending: ☐ Turlock High

☐ Pitman High

Date of Physical Exam: _____

Turlock Unified School District—Physician's Exam Form

Athletes Name:	Date of Birth:	Age:	Sex: ☐ M ☐ F	Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12
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Athlete's Home Address:	City:	State: CA	Zip:	Home Phone:
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Fall Sports (Check One): ☐ Football ☐ Cross Country ☐ Golf (Girls) ☐ Volleyball (Girls) ☐ Water Polo ☐ Tennis (Girls) ☐ Cheer ☐ Flag Football (Girls)	Winter Sports (Check One): ☐ Soccer (Boys) ☐ Wrestling ☐ Soccer (Girls) ☐ Basketball	Spring Sports (Check One): ☐ Golf (Boys) ☐ Baseball ☐ Dive ☐ Volleyball (Boys) ☐ Track ☐ Softball ☐ Tennis (Boys) ☐ Swim
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Height: _____ in	Weight: _____ lbs	Blood Pressure: _____ / _____	Pulse: _____
	Normal	Abnormal Findings	
1. Eyes (General)			
Right /			
Left /			
2. Ears, Nose, Throat			
3. Mouth, Teeth			
4. Neck			
5. Cardiovascular			
6. Chest, Lungs			
7. Abdomen			
9. Genitalia (Male)			
10. Musculoskeletal			
a. Neck			
b. Spine			
	Right	Left	Right
c. Shoulders			
d. Arms, Hands			
e. Hips			
f. Thighs			
g. Knees			
h. Feet			
11. Neuromuscular			
Comments & Recommendations: _____			

May this student participate in any competitive sport?

☐ Yes

☐ No

If no, what are the restrictions? _____

Physicians Signature: _____ Date: _____ Phone N^o: _____
(check one): ☐ M.D. ☐ D.O. ☐ P.A. ☐ N.P.

Physicians Name (Print or Stamp): _____ Physician's State License #: _____

Note: ALL areas must be completed (except genitalia in female), any blank areas physical will not be accepted!
Physicals must be completed on this card, including the Medical History card on the reverse side of this page.