

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so please specify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT ATHLETE		
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats during exercise?		
8. Has a doctor ever told you that you have heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart Murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease       Other: _____		
9. Has your doctor ever ordered a test for your heart? (for example... ECG/EKG, echocardiogram)		
10. Do you get more short of breath than your friends during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT ATHLETE'S FAMILY		
12. Has any family member or relative died of heart problems or had unexpected or unexplained sudden death before age 50? If yes, you must explain in explanation area!		
13. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, Right Ventricular cardiomyopathy, Long QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
15. Has anyone in your family had unexplained fainting or unexplained seizures?		
BONE AND JOINT QUESTIONS		
16. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to a doctor?		
17. Have you ever had any broken bones or dislocated joints?		
18. Do you regularly use a brace, orthotics, or other device?		
19. Do you have a bone, muscle, or joint injury that bothers you?		
20. Do you have a history of juvenile arthritis or connective tissue disease?		

BONE AND JOINT QUESTIONS CONTINUED	Yes	No
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you any of your joints become painful, swollen, feel warm, or look red?		
MEDICAL QUESTIONS		
23. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
24. Have you ever used an inhaler or taken asthma medicine?		
25. Were you born without or are you missing a kidney, an eye, a testicle (males), spleen or any other organ?		
26. Do you have groin pain /painful bulge/ hernia in groin area?		
27. Do you have any rashes, sores or other skin infection/issue?		
28. Have you ever had a head injury or concussion?		
29. Do you have a history of seizure disorder?		
30. Do you have a history of a bleeding disorder, such as hemophilia?		
31. Have you ever become ill with exercising in the heat?		
32. Do you get muscle cramps when exercising?		
33. Do you or someone in your family have sickle cell trait or disease?		
34. Have you had eye or vision problems or injuries?		
35. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
36. Have you ever had a menstrual period?		
37. How old were you when you had your first period?		
38. How many periods have you had in the last 12 months		
Explain all "YES" answers here: _____ _____ _____ _____ _____ _____ _____ _____		
<b>Medicines and Allergies:</b> Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking: _____ _____ _____ _____		

I hereby release any participating physician, nurse, therapist and Baptist Health Medical Center-North Little Rock from any liability arising from or any way connected with this physical. The responsibility for initiating a follow-up exam to confirm an abnormal result and obtain advice and/or treatment is the responsibility of the parent/guardian. I hereby give my consent for \_\_\_\_\_ to compete in interscholastic sports/activities and related practice sessions, and to go with the coach on trips. I acknowledge even with the best of coaching, use of the most advanced protective equipment, and strict observances of the rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I understand the District or its employees will not be liable if an accident occurs. I also give my consent, if an injury does occur, for the coach to secure treatment at the best medical facility available.

I understand all North Little Rock School District students participating in interscholastic athletic/activities are covered by a group accident insurance policy which is non-duplicating. The premium is paid by the North Little Rock School District. The insurance company will pay the medical expenses covered within the policy limits after the family's personal policy pays to its limits. Those athletes not covered by a family policy are covered directly by the athletic policy within the policy limits. I understand if a parent takes an athlete to a doctor or hospital to receive treatment for an athletic injury, the coach must be notified within three days or the school athletic insurance may not be filed.

I understand the North Little Rock School District will not be responsible for payment of any medical bill the family's personal policy or the District's athletic insurance does not pay. I agree to be responsible for the return in good condition of any athletic equipment issued to the above named student.

**I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date