MEDICAL HISTORY & PHYSICAL EXAMINATION 2018-2019

Date of Physical _____

Students Name _____ ***Birth Day*** _____

School you will be attending 2018-19: CPHS 9th Grade CBMS Grade 2018-2019 _____ ***Age:*** _____

(Circle School)

What Sport(s) do you play: _____

Yes	No	Broken Bones
Yes	No	Weak Joints-Ankles, Knees
Yes	No	Spinal Injury
Yes	No	Seizures or Epilepsy
Yes	No	Operation
Yes	No	Concussion
Yes	No	Have you ever fainted or passed out?
Yes	No	Have you ever had chest pain with exercise?
Yes	No	Have you ever had excessive shortness of breath Associated with exercise?
Yes	No	Have you ever had excessive fatigue with exercise?
Yes	No	Have you ever been found to have a heart murmur?
Yes	No	Have you ever had high blood pressure?
Yes	No	Has any family member died prematurely?
Yes	No	Is there a history of cardiovascular disease in your family?
Yes	No	Have you ever been knocked out?
Yes	No	Have you ever been hospitalized?
Yes	No	Do you have asthma?

Yes	No	Do you have prescription for use of: adrenaline, inhaler, other allergy medicine?
Yes	No	Do you take medicine regularly?
Yes	No	Are you diabetic?
Yes	No	Do you have missing or non-functioning organs?
Yes	No	Are you aware of any skin conditions?
Yes	No	Have you experienced a significant change in Weight gain or loss 10 lbs or more last year?
Yes	No	Do you have any other significant health problems?

Please explain any (YES) Answers:

_____

_____

_____

_____

_____

Height: _____ **Weight:** _____ **Sex:** Male Female

BP _____ **BP** _____ **BP** _____ **PULSE** _____

Eyes:	**Abdomen:**
Ears:	**Cervical Spine/Neck:**
Nose:	**Back:**
Throat:	**Shoulders:**
Teeth:	**Arms/Elbow/Wrist/Hand:**
Lymphatic:	**Knees:**
Lungs:	**Hips:**
Heart:	**Ankle/Feet:**

Any recommendations or concerns: _____

_____

_____

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

_____Full Participation _____Limited Participation _____No Participation _____Needs Additional Evaluation

Physician Signature _____