



**Health History and Physical Exam Form**

**Parent/Guardian- Please fill out, sign and date this side**

Name: \_\_\_\_\_ B/D \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents' work phones: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Grade Level: \_\_\_\_

Identify any sports in which you do not wish your child to participate:

\_\_\_\_\_

Health History- to be completed by parent/guardian

	Yes	No		Yes	No
1. Eye Problems	___	___	15. Bladder/Kidney	___	___
2. Ear Problems/Hearing	___	___	16. Arthritis	___	___
3. Nose Bleeds/Frequent	___	___	17. Joints pain/Ligament Tear	___	___
4. Nose fracture	___	___	18. Fracture/dislocation__	___	___
5. Elevated Blood Pressure	___	___	19. Back Problems	___	___
6. Heart Problem/Murmur	___	___	20. Knee Problem	___	___
7. Rheumatic Fever	___	___	21. Ankle Problem	___	___
8. Allergies/Hay Fever	___	___	22. Headaches/dizziness	___	___
9. Insect sting allergy	___	___	23. Head Injury/concussion	___	___
10. Asthma	___	___	24. Neck Injury	___	___
11. Diabetes/Hypoglycemia	___	___	25. Convulsions/seizures	___	___
12. Anemia/Blood Disorders	___	___	26. Hernia	___	___
13. Stomach Ulcer	___	___	27. Other	___	___
14. Injury to spleen	___	___	(Explain) _____		

In the section below, if you have any "YES" responses, please explain them in the lines next to the questions.

**HAS YOUR CHILD EVER:**

1. Been excused from physical educations for more than two days? \_\_\_\_\_
2. Had an illness or injury that caused her to miss a game or practice? \_\_\_\_\_
3. Fainted, been unconscious or lost her memory? \_\_\_\_\_
4. Had an illness, condition or injury that required her to go to the hospital, either as a patient overnight or in the ER? \_\_\_\_\_
5. Been ill for five (5) consecutive days? \_\_\_\_\_
6. Had severe uncorrectable loss of vision in one or both eyes? \_\_\_\_\_
7. Needed dialysis or had kidney surgery? \_\_\_\_\_
8. Is your daughter under medical care now? \_\_\_\_\_
9. Does your daughter take medication? \_\_\_\_\_
  - a. Name of med, time and dose: \_\_\_\_\_
  - b. Does your daughter carry an EPI-PEN for reaction to bee stings or peanuts? \_\_\_\_\_
10. Does your daughter wear braces or any other orthodontic appliances? \_\_\_\_\_
11. Does your daughter wear contact lenses or glasses? \_\_\_\_\_
12. Has there ever been a sudden death in a family member under 50 years of age? \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_



**Physician please fill out, sign and date this side**

Name: \_\_\_\_\_ B/D \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Vision            Corrected R \_\_\_\_\_            Uncorrected R \_\_\_\_\_  
                          Corrected L \_\_\_\_\_            Uncorrected L \_\_\_\_\_

**TO BE FILLED OUT BY A PHYSICIAN OR NURSE PRACTITIONER ONLY:**

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Skin			Musculoskeletal		
Head			Spine/Scoliosis Hips/Thighs/Knees		
Eyes/Ears			Ankle/ Feet		
Nose/Throat			Neurological		
Lymphadenopathy			Endocrine		
Chest/ Lungs			Genito Urinary		
Cardiovascular					
Abdominal					

**EXPLAIN ABNORMALS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have examined this student and certify that she is physically qualified to participate in the following categories of competition: (Check all areas approved, any unmarked categories indicate disqualification.)

CONTACT/COLLISION \_\_\_\_\_ LIMITED CONTACT/IMPACT \_\_\_\_\_

STRENUOUS/ NON CONTACT \_\_\_\_\_ NON STRENUOUS/ NON CONTACT \_\_\_\_\_

PLEASE PLACE A CHECK IN THE BLANK BELOW FOR WORKING PAPERS

\_\_\_\_\_ is able to fulfill duties of being employed

Reason for disqualification:

\_\_\_\_\_

Date of Exam: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

Print Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_