

STUDENT SPORTS PHYSICAL HISTORY FORM

Students Name _____ DOB _____

Address _____ Grade _____

Physician _____

Sports _____

FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW

- | | YES | NO |
|--|-------|-------|
| 1. Has the above student ever been hospitalized? | _____ | _____ |
| Has the above student ever had surgery? | _____ | _____ |
| 2. Is the above student presently taking medication? | _____ | _____ |
| 3. Does the above student have any allergies (meds., bees)? | _____ | _____ |
| 4. Has the above student ever passed out during exercise? | _____ | _____ |
| 5. Has the above student ever been dizzy during exercise? | _____ | _____ |
| 6. Has the above student ever had chest pain? | _____ | _____ |
| 7. Does he/she tire quicker than his/her friends during exercise? | _____ | _____ |
| 8. Has the above student ever had high blood pressure? | _____ | _____ |
| 9. Has the above student ever been told he/she has a heart murmur? | _____ | _____ |
| 10. Has the above student ever had a racing heart or skipped beat? | _____ | _____ |
| 11. Has anyone in your family died of heart problems or sudden death before age 40? | _____ | _____ |
| 12. Does the above student have any skin problems?
(Itching, Moles, Breaking Out) | _____ | _____ |
| 13. Has the above student ever had a head injury? | _____ | _____ |
| 14. Has the above student ever been knocked out? | _____ | _____ |
| 15. Has the above student ever had a seizure? | _____ | _____ |
| 16. Has the above student ever had a stinger or burner? | _____ | _____ |
| 17. Has the above student ever injured (sprained, dislocated, fractured, etc.) | _____ | _____ |
| _____ Hand _____ Shoulder _____ Thigh _____ Wrist | | |
| _____ Neck _____ Knee _____ Forearm _____ Chest | | |
| _____ Shin/Calf _____ Elbow _____ Back _____ Ankle | | |
| _____ Arm _____ Hip _____ Foot | | |
| 18. Has the above student ever had heat cramps? | _____ | _____ |
| 19. Has the above student ever had: | | |
| Mononucleosis _____ Diabetes _____ | | |
| Hepatitis _____ Headaches _____ | | |
| Asthma _____ Eye Injuries _____ | | |
| Tuberculosis _____ Stomach Ulcer _____ | | |
| 20. Does the above student use special pads or braces? | _____ | _____ |
| 21. When was the above student's last tetanus shot? | _____ | _____ |

Explain "YES" answers here:

_____ School Year