

## MEDICAL HISTORY AND PHYSICAL EXAMINATION for SBA ATHLETICS

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M or F Grade: \_\_\_\_\_

**Medical History** – to be completed by parent or guardian. Does the student have a previous history of:

	YES	NO		YES	NO
1. Bleeding tendencies	___	___	15. Now under a physician's care?	___	___
2. Head injuries, seizures, unconsciousness, concussion	___	___	16. Has had tetanus? Date_____. Booster required every 10 years/	___	___
3. Asthma	___	___	17. Allergies	___	___
4. Hernia	___	___	18. Neck Injury	___	___
5. High blood pressure	___	___	19. Bone and/or joint injury or disease	___	___
6. Tuberculosis	___	___	20. Heart disease	___	___
7. Sickle Cell Anemia	___	___	21. Diabetes	___	___
8. Kidney disease and/or injury	___	___	22. Emotional or psychological problems?	___	___
9. Kidney, Lung, Testicle or Eye removed or non-functioning	___	___	23. Surgery?	___	___
10. Hepatitis	___	___	Explain any YES answers _____ _____ _____ _____		
11. Rheumatic Fever	___	___			
12. Skin disease	___	___			
13. Contact lenses/glasses	___	___			
14. Is the student taking medication regularly? If YES, specify the name of the drug and illness requiring such drugs.	___	___			

**Physical Examination** – to be completed and signed by a physician.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

	Vision: Right 20/____ Left 20/____ NORMAL	ABNORMAL	Hearing: R: _____ L: _____	Pass or Fail NORMAL	ABNORMAL
Skin/AN Screen	___	___	Abdomen	___	___
Head, Neck	___	___	Spine/Scoliosis	___	___
EENT	___	___	Extremities	___	___
Heart	___	___	Joint Function	___	___
Lungs	___	___	Genitalia	___	___

Dental: cavities, bridges, false teeth, other \_\_\_\_\_

Explain any abnormal findings \_\_\_\_\_

I certify that on this date, I have examined the above student as indicated by the items checked and recommend him/her as being physically able to participate in supervised athletic activities as checked below.

\_\_\_\_\_ All Sports      \_\_\_\_\_ Sports Other Than \_\_\_\_\_      \_\_\_\_\_ May Not Participate

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_