

Northern California Conference

Varsity Interscholastic

Physical History Form

Student Name						Date	
Height		Weight		Blood Pressure		Pulse	
Gross Vision	R	L		Urine		Respiration	
General Exam	Satisfactory	Unsatisfactory		Flexibility	R	L	

Vision		Hand/Wrist/Elbow	
Hearing		Neck	
Heart		Back	
Lungs/Resp. Tract		Neurological	
Skin		Groin	
Hernia/Genitalia		Quads	
Liver/Spleen/Kidney		Hamstrings	
Musculoskeletal		Calf	
Ankles		Shoulders	
Knees		Elbows	
Hips		Back Flex./Exten.	
Shoulders			

Additional Comments:

I _____, certify that this student athlete has been examined by me on this date, _____, and is found to be able to participate in sports activities cleared below.

Circle one:

- A. Cleared for full (name of sports) _____ participation
- B. Cleared pending re-exam of (specify) _____
- C. Cleared for restricted participation (specify) _____
- D. Denied clearance (specify) _____

Physician Signature		Date	
Office Address		Phone	

I _____, am the **parent/guardian** of the student herein, and hereby certify that I have reviewed this Medical History form. I am aware of the physical limitations described therein, if any. I acknowledge and approve of the student's participation in the following sport(s)/activities _____

Parent/Guardian Signature		Date	
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Sports Physical Form

Name: _____ Gender: M F Date of Birth: ___ / ___ / ___
Father's Name: _____ Daytime phone, pager, cell phone: _____
Mother's Name: _____ Daytime, phone, pager, cell phone: _____
Street address: _____
City: _____ State: _____ Zip Code: _____ Home phone: _____
Alternate Emergency Contact Person: _____ Daytime phone: _____
Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc.: _____

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

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|--|-----|----|------------|
| 1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50? | YES | NO | Don't Know |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? | YES | NO | Don't Know |
| 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? | YES | NO | Don't Know |
| 4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? | YES | NO | Don't Know |
| 5. Does the athlete have a history of concussion (getting knocked out)? | YES | NO | Don't Know |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)? | YES | NO | Don't Know |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? | YES | NO | Don't Know |
| 8. Does the athlete take any medication(s)? | YES | NO | Don't Know |
| 9. Is the athlete allergic to any medications or bee stings? | YES | NO | Don't Know |
| 10. Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries) | YES | NO | Don't Know |
| 11. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? | YES | NO | Don't Know |
| 12. Has the athlete had surgery or been hospitalized in the past year? | YES | NO | Don't Know |
| 13. Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? | YES | NO | Don't Know |
| 14. Are you, the athlete, worried about any problem or condition at this time? | YES | NO | Don't Know |

Please give details on any "YES" answer from the above health history.
