

CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDENT'S NAME: _____ Date of Birth: _____

CIRCLE YES OR NO

(FURTHER DESCRIBE YES ANSWER TO THE RIGHT)

- YES NO HISTORY OF HIGH BLOOD PRESSURE _____
 - YES NO HISTORY OF HEART OR BLOOD VESSEL DISEASE _____
 - YES NO LIVER OR KIDNEY PROBLEMS _____
 - YES NO PREVIOUS STROKES – C.V.A. _____
 - YES NO DIABETES _____
 - YES NO EPILEPSY _____
 - YES NO RESPIRATORY DIFFICULTIES _____
 - YES NO BROKEN BONES _____
 - YES NO SENSORY DISTURBANCES _____
 - YES NO ARTHRITIS OR JOINT PROBLEMS _____
 - YES NO SPECIAL DIET RESTRICTIONS _____
 - YES NO PRESENTLY HAVE ANY METAL IMPLANTS _____
 - YES NO PRESENTLY HAVE A PACEMAKER _____
 - YES NO ANY PRESENT VISUAL PROBLEMS _____
 - YES NO ANY PRESENT HEARING PROBLEMS (HEARING AID) _____
 - YES NO ANY UNUSAL REACTION TO HEAT OR COLD _____
 - YES NO ANY ALLERGIES _____
 - YES NO CONCUSSIONS (LIST DATES) _____
- LIST CURRENT MEDICATIONS _____
- _____

LIST PREVIOUS MAJOR HOSPITALIZATION/SURGERIES _____

PARENT OR GUARDIAN SIGNATURE DATE

PHYSICAL EXAM BY PHYSICIAN

Height (inches) _____	Weight (pounds) _____
Blood Pressure _____	Pulse _____
Vision _____	Contacts/glasses _____

	WNL	ABN		WNL	ABN
HEENT _____				ANKLE _____	
NECK _____				ALIGNMENT _____	
LUNGS _____				STABILITY _____	
HEART _____				FEET _____	
ABDOMEN _____				KNEE _____	
GENITALS _____				MCL _____	
SKIN _____				LCL _____	
NECK _____				ACL _____	
SPINE _____				PCL _____	
SHOULDER _____				MENISCUS _____	
STABILITY _____				PATELLA _____	
IMPINGEMENT _____				PAIN _____	
ELBOW _____				APPREHENSION _____	
WRIST _____				CREPITATION _____	
HAND _____				FUNCTIONAL TEST _____	
HIP _____				ONE LEG HOP _____	
				FULL SQUATS _____	

NEEDS FURTHER EVALUTION YES NO

CLEARED FOR PARTICIPATION YES NO

COMMENTS: _____

PHYSICIAN'S SIGNATURE DATE