

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 PHYSICAN

Height (inches) _____
Blood Pressure _____
Vision _____

Weight (pounds) _____
Pulse _____
Contacts/glasses _____

WNL ABN

HEENT _____
NECK _____
LUNGS _____
HEART _____
ABDOMEN _____
GENITALS _____
SKIN _____
NECK _____
SPINE _____
SHOULDER _____
 STABILITY _____
 IMPINGEMENT _____
ELBOW _____
WRIST _____
HAND _____
HIP _____

WNL ABN

ANKLE _____
 ALIGNMENT _____
 STABILITY _____
FEET _____
KNEE _____
MCL _____
LCL _____
ACL _____
PCL _____
MENISCUS _____
PATELLA _____
PAIN _____
APPREHENSION _____
CREPITATION _____
FUNCTIONAL TEST _____
ONE LEG HOP _____
FULL SQUATS _____

NEEDS FURTHER EVALUTION YES NO
CLEARED FOR PARTICIPATION YES NO
COMMENTS: _____

PHYSICIAN'S SIGNATURE

DATE