

HUMBLE CHRISTIAN SCHOOL

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL HISTORY

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in HCS athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

STUDENT NAME (PRINT): _____ GRADE LEVEL: _____

GENDER: _____ AGE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ PARENT'S CELL: _____

PERSONAL PHYSICIAN: _____ PHYSICIAN PHONE: _____

In case of emergency contact:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Any "YES" answer to questions 1- 28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physicians assistant, chiropractor or nurse practitioner is required before any participation in HCS practices, games or matches.

	YES	NO
1. Have you had a medical illness or injury since your last checkup or sports physical?	_____	_____
2. Have you been hospitalized overnight in the past year?	_____	_____
3. Have you ever had surgery?	_____	_____
4. Have you ever passed out during or after exercise?	_____	_____
5. Have you ever had chest pain during or after exercise?	_____	_____
6. Do you get tired more quickly than your friends during exercise?	_____	_____
7. Have you ever experienced racing of your heart or skipped heartbeats?	_____	_____
8. Have you ever had high blood pressure?	_____	_____
9. Have you ever had high cholesterol?	_____	_____
10. Have you ever been told you have a heart murmur?	_____	_____
11. Has any family member or relative died of heart problems before age 50?	_____	_____
12. Has any family member or relative died of sudden unexpected death before age 50?	_____	_____
13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?	_____	_____
14. Has any family member been diagnosed with Hypertonic Cardiomyopathy?	_____	_____
15. Has any family member been diagnosed with Long QT Syndrome?	_____	_____
16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?	_____	_____
17. Has any family member been diagnosed with Marfan's syndrome?	_____	_____
18. Have you had a severe viral infections (myocarditis, mononucleosis, etc) in the past year?	_____	_____
19. Has a physician ever denied or restricted your participation in sports for any heart problem?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____
22. Have you ever experienced a seizure?	_____	_____
23. Have you ever had numbness in your arms, hands, legs or feet?	_____	_____
24. Have you ever had a stinger, burner or pinched nerve?	_____	_____
25. Are you missing any paired organs?	_____	_____
26. Are you presently under a doctor's care?	_____	_____
27. Are you currently taking any prescription or nonprescription medications or inhalers?	_____	_____

YES NO

- 28. Do you have any allergies? _____
- 29. Have you ever been dizzy before or during exercise? _____
- 30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)? _____
- 31. Have you ever become ill after exercising or working in the heat? _____
- 32. Have you ever had any problems with your eyes or vision? _____
- 33. Have you ever gotten unexpectedly short of breath with exercise? _____
- 34. Do you have asthma? _____
- 35. Do you have seasonal allergies that require medical treatment? _____
- 36. Do you use any special protective or corrective equipment? _____
- 37. Have you ever had a sprain, strain or swelling after injury? _____
- 38. Have you ever broken or fractured any bones? _____
- 39. Have you ever dislocated any joints? _____
- 40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints? _____

If yes, please check the appropriate box and explain on separate sheet of paper.

Head ___ Shoulder ___ Wrist ___ Thigh ___ Foot ___ Neck ___ Upper Arm ___ Hand ___

Knee ___ Back ___ Elbow ___ Finger ___ Shin/Calf ___ Chest ___ Forearm ___ Hip ___ Ankle ___

- 41. Do you want to weigh more or less than you do now? _____
- 42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular Activities? _____
- 43. Do you feel stressed out? _____
- 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease? _____

Females Only

- 45. When was your first menstrual period? _____
- 46. When was your most recent menstrual period? _____
- 47. How much time elapses from the start of one period to the start of another? _____ days
- 48. How many periods have you had in the last year? _____
- 49. What was the longest time between period in the last year? _____ days

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Humble Christian School does not assume any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, and any school or hospital representative, from any claim by any person on account of such care and treatment of said student.

If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by Humble Christian School.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (PRINT): _____

PARENT SIGNATURE: _____ DATE: _____

For school use only:

This Medical History Form reviewed by: (NAME) _____ DATE: _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION

STUDENT NAME (PRINT): _____ GRADE LEVEL: _____

GENDER: _____ AGE: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT: _____

PULSE: _____ BLOOD PRESSURE: ____/____ (____/____.____/____) (Brachial blood pressure while sitting)

VISION: R 20/____ L 20/____ CORRECTED: YES____ NO____ PUPILS: EQUAL ____ UNEQUAL____

In keeping with the requirements of **HUMBLE CHRISTIAN SCHOOL**, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to school athletic participation each year of high school.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart- Auscultation of the heart in supine position			
Heart - Auscultation of the heart in standing position			
Heart - Lower Extremity Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata			

*Initials for station-based examination only

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip /Thigh			
Knee			
Leg/ Ankle			
Foot			
Other			

CLEARANCE

Cleared for participation

Cleared for participation after completing evaluation rehabilitation for:

Not cleared for participation

Recommendations: _____

Provider Name: _____ Date of Examination: _____

Signature: _____ Provider Phone Number: _____

Provider Address: _____