# STUDENT HEALTH HISTORY

**Student:**_____ **ID #:** _____

A. GENERAL HISTORY. Check an answer for each item

| YES | NO | | | YES | NO | |
|---|---|---|---|---|---|---|
| ☐ | ☐ | 1. | Diabetes | ☐ | ☐ | 11. High or low blood pressure |
| ☐ | ☐ | 2. | Seizures | ☐ | ☐ | 12. Hernia |
| ☐ | ☐ | 3. | Dizziness | ☐ | ☐ | 13. Absence of a kidney |
| ☐ | ☐ | 4. | Bleeding disorders | ☐ | ☐ | 14. Absence of or, undescended testicle |
| ☐ | ☐ | 5. | Asthma, allergies | ☐ | ☐ | 15. Absence of any organ |
| ☐ | ☐ | 6. | Heart disease | ☐ | ☐ | 16. Menstrual Disorder |
| ☐ | ☐ | 7. | Hearing problems | ☐ | ☐ | 17. Under physician's care at present |
| ☐ | ☐ | 8. | Taking medication (type, reason, dosage) | ☐ | ☐ | 18. Loss of consciousness |
| ☐ | ☐ | 9. | Any allergic reactions | ☐ | ☐ | 19. Change in health during the past year |
| ☐ | ☐ | 10. | Have you ever been hospitalized? | ☐ | ☐ | 20. Give date of last tetanus shot _____ |

B. ORTHOPEDIC HISTORY: If the student has had, or now has, any of the following areas injured please give details:

1. Shoulder, arm, elbow, wrist, fingers, or thumb injury: type/when? _____
2. Hip, knee, leg, calf, ankle, foot, or toe injury: type/when? _____
3. Head, neck, or spine injury: type/when? _____

Family doctor: _____

I/we verify that the above information is correct and I give permission for my child to receive a physical examination.

**Date:**_____ **Parent/Guardian Signature:**_____ **Phone #:**_____

## STUDENT ATHLETE PHYSICAL EXAMINATION

### A. PRE-PHYSICAL

Height: _____ Weight: _____ Blood pressure: _____ Vision: Right: _____Left:_____

Dental: Braces / Broken or missing teeth / Plates Glasses: YES NO Anisocoria: YES NO (unequal pupils)

### B. GENERAL PHYSICAL

Heart _____ Lungs _____ Abdomen _____

Hernia _____ Varicocele _____

### C. ORTHOPEDIC EVALUATION

C Spine: _____ T Spine: _____ L Spine: _____

Hips/pelvis:_____ Knees: _____ Feet/ankles/toes: _____

Shoulders: _____ Elbows: _____ Wrists/hands/fingers_____

**********

☐ Approved for athletic competition

☐ Disapproved for athletic competition, state reason: _____

☐ Approved for athletic competition, refer to specialist for: _____

☐ Disapproved for athletic competition, refer to specialist for: _____

| | | |
|---|---|---|
| _____ | _____ | _____ |
| **DATE OF PHYSICAL** | **PRINT NAME OF PHYSICIAN** | **SIGNATURE OF PHYSICIAN** |
| _____ | _____ | _____ |
| **MEDICAL LICENSE #** | **PHONE # OF PHYSICIAN** | **ADDRESS OF PHYSICIAN** |