

GARLAND CHRISTIAN ACADEMY

BOYS AND GIRLS MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM

Grade: _____
Student's Name: _____ Date of Birth: _____

Parent or Guardian Name: _____

Family Doctor or Clinic: _____ Sex (Circle one): M F

Family Dentist or Clinic: _____

Weight _____ Height _____ Pulse _____ Blood Pressure _____
Legend: N=normal X=abnormal NE=not examined

General body build: _____ Skin: _____

Eye _____ Ear _____ Nose _____ Throat _____ Teeth _____ Neck _____
Lungs _____ Heart _____ Chest _____ Liver _____ Spleen _____ Spine _____
Abdominal masses _____

Joint Function: Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____
Hips _____ Knees _____ Ankles _____ Feet _____

Neurological _____ Hernia _____ Genitalia (male only) _____

Hearing Results (R) ear _____ (L) ear _____

Vision Results (R) eye _____ (L) eye _____

Spine – Any symptoms of scoliosis? _____

Optional at discretion of physician: HGB or Hematocrit _____ Urinalysis _____

Description of abnormal findings: _____

I certify that I have examined this student and he/she may compete in supervised school athletic activities with the exception of the following specific activities (please circle any activity this student should be excluded from):

Baseball	Basketball	Cross Country	Football	Cheerleading	Soccer
Softball	Swimming	Tennis	Track & Field	Volleyball	Golf

Special instructions or special limitations: _____

Date of Examination: _____ Printed typed name of Physician: _____

Physician's Address: _____ Signature of Physician: _____

***Must be completed before a student participates in any practice (both in-season and out of season) or games/matches.**

MEDICAL HISTORY FORM

Name: _____

Date: _____

	Yes	No
1. During the past 12 months:		
a. Was he/she hospitalized?	_____	_____
b. Did he/she have any injuries requiring medical attention?	_____	_____
c. Did he/she have any illness lasting more than one week?	_____	_____
2. Is he/she presently taking any medications or pills?	_____	_____
3. Does he/she have any allergies? (medicine, bees or other stinging insects, etc)	_____	_____
4. Has he/she ever passed out during or after exercise?	_____	_____
Has he/she ever been dizzy during exercise?	_____	_____
Has he/she ever had chest pain after exercise?	_____	_____
Does he/she tire more quickly than others during exercise?	_____	_____
Has he/she ever had high blood pressure?	_____	_____
Has he/she ever been told they have a heart murmur?	_____	_____
Has he/she ever had racing of the heart or skipped heartbeats?	_____	_____
Has anyone in your family died of heart problems or sudden death before age 50?	_____	_____
5. Does he/she have any skin problems (itching, rashes, acne)?	_____	_____
6. Has he/she ever had a head injury?	_____	_____
Has he/she ever been knocked out or unconscious?	_____	_____
Has he/she ever had seizure or convulsions?	_____	_____
Has he/she ever had a stinger, burner, or pinched nerve?	_____	_____
7. Has he/she ever had heat or muscle cramps?	_____	_____
8. Do you have trouble breathing or do you cough after activity?	_____	_____
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, etc)?	_____	_____
10. Does he/she have any problems with their eyes or vision?	_____	_____
Does he/she wear glasses or contacts or protective eye wear?	_____	_____
11. Has he/she ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	_____	_____
__ Head __ Shoulder __ Thigh __ Neck __ Elbow __ Knee __ Chest		
__ Foot __ Shin/Calf __ Back __ Wrist __ Ankle __ Hip __ Hand		
12. Has he/she had a medical problem since their last evaluation?	_____	_____
13. Do you know of any reason why there should be limits on his/her participation in any sport?	_____	_____
14. Is he/she now under a doctor's care?	_____	_____
15. Is he/she missing any paired organ (kidney, eye, etc.)?	_____	_____
16. Is he/she wearing any removable dental appliance (bridge, plate, retainer)?	_____	_____
17. When was his/her last tetanus shot? _____		
When was his/her last measles immunization? _____		

Explain "Yes" answers:

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the Texas Association of Private and Parochial Schools nor the high school assumes 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 sickness. I do hereby request, authorize, and consent to such care treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and hold 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, 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 school authorities of such illness of injury.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____