

MEDICAL HISTORY AND PHYSICAL EXAMINATION

ATHLETES NAME _____ SCHOOL Glenwood Springs HS GRADE _____
Please Print 16/17

Parents: Please fill in the questionnaire below (parts A & B) and the PARENT PERMISSION on the back and sign before your child's examination. This will give the examining physician important information regarding your child's medical history. The completed and signed form must be brought to the examination. Note that if any questions in Part B are answered yes, the athlete's regular physician must do the exam.

A) **HISTORY** (must be filled in and signed by parent **before** exam and brought to exam by athlete)

1. List any serious illnesses, past or present _____
2. List any operations _____
3. List any severe injuries (concussions, fractures) _____
4. List and food or drug allergies _____
5. Is child on any medication? (please list) _____
6. Any history of heart problems? _____
7. Any history of asthma or other lung problems? _____
8. Any history of epilepsy or seizures? _____
9. Any history of kidney problems? _____
10. Any History or bleeding problems? _____
11. Any history of knee, back or other musculodkeletal problems? _____
12. Any other pertinent information? _____

B) **QUESTIONNAIRE** (must be filled in and signed by parent)

If any questions in Part B are answered yes, the athlete's regular physician must do the exam.

1. Have you ever passed out during or after exercise? _____
2. Have you ever had severe chest pain during or after exercise? _____
3. Do you tire easily, compared to your friends? _____
4. Have you ever been told of a heart murmur? _____
5. Have you ever had palpitations of your heart or skipped beats? _____
6. Has anyone in your immediate family (mother, father, sibling) died of heart problems or died suddenly before the age of 50? _____
7. Do you use any 'street drugs' (cocaine, amphetamines, etc)? _____
8. Have you ever been denied participation in sports? _____

PARENT'S SIGNATURE _____ **DATE** _____

PHYSICAL EXAMINATION

Age _____ Weight _____ Height _____ Blood pressure _____ Urine:Album _____ Sugar _____

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
HEENT (including teeth)	_____	_____	BACK	_____	_____
HEART	_____	_____	LEGS, FEET, JOINTS	_____	_____
LUNGS	_____	_____	SKIN	_____	_____
ABDOMEN	_____	_____	NEUROLOGIC	_____	_____
GENTALIA (males only)	_____	_____	HERNIA	_____	_____
			OTHER	_____	_____

RECOMMENDATION

- _____ Okay for all sports
- _____ Needs further medical evaluation (contact your family physician)
- _____ Limited participation (describe) _____

DOCTOR'S SIGNATURE _____ DATE _____

**ROARING FORK SCHOOL DISTRICT
ATHLETIC PARTICIPATION**

PARENT PERMISSION

Although participation in supervised athletic programs and activities is among the least hazardous activities in which any student will engage either in or out of school, the very nature of these programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities or athletics. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

I hereby give my consent for _____ to compete in athletics at Glenwood Springs High School, in the Roaring Fork School District approved sports programs except those crossed out below. FOOTBALL, BOYS SOCCER, CROSS COUNTRY, CHEER, VOLLEYBALL, BOYS BASKETBALL, GIRLS BASKETBALL, GIRLS SWIMMING, WRESTLING, BASEBALL, TRACK, GIRLS SOCCER, TENNIS, GIRLS GOLF, BOYS SWIMMING, BOYS LACROSSE

PARENT/GUARDIAN SIGNATURE _____ DATE _____