Name Bir			Birth	th Date School _		Exam Date		
Address Parent's Name								
			Name					
In	cas	se o	f emergency contact: Name			Phone	Cell	
				parents/guardians) atly or now?				
•	•	۷.	exam?	ss of figury since your	Weigh		BP	
Υ	N	3.	Do you have any chronic or recurrent is	lness?				
Υ	N		4. Have you ever had an illness lasting more than a week?			n R/	L /	
Υ			. Have you ever been hospitalized overnight?			MEDICAL		
Υ			Have you had any surgery?		1 1	l/Abnormal	Findings	
Υ			Have you ever had any injuries requirir		11			
Υ			Do you have any organs missing? (appe					
Y			Are you presently taking any medication					
Y		, in the same of t			N A	Nose		
Υľ	IA	11.	1. Have you ever had chest pain, dizziness, fainting, or passing out during or after exercise?			N A Throat		
Υ	N	12.	Do you tire more easily or quickly than	your friends during e	xercise?			
			Have you ever had any problem with yo				-	
			heart?		IIN A			
	N	14.	Have any close relatives had heart prob	lems, heart attacks, or	sudden N A			
			death before they were age 50?		II N A		only)	
			Do you have any skin problems? (acne,	,	N A			
			Have you ever had fainting, convulsion	i.	izziness?			
			Do you have frequent severe headaches		011	MUSCL	JLOSKELETAL	
			Have you ever had a "stinger" or "burn Have you ever been "knocked out" or "	-	NA	Neck		
			Have you ever had a neck or head injur	•				
			Have you ever had heat exhaustion, hea	8)	~	Shoulder/Arm _		
•	• •	21.	similar heat-related problems?	i stroke, heat cramps,	IIN A	Elbow/Forearm		
Υ	N	22.	. Do you have asthma, trouble breathing, or cough during or after exercise?		ter NA			
Υ	N	23.	Do you wear eyeglasses, contact lenses,	or protective evewea	r? NA	Knee		
			Have you had any problem with your ey		N A			
			Do you wear any dental appliance? (bra		er) NA	Foot		
Υ	N	26.	Have you ever had a knee or ankle injur	y?	11	A C C	CECOMENT	
Υ	N	27.	Have you ever injured any other joint?	shoulder, wrist, fingers,			SESSMENT	
Υ	N	28.	Have you ever had a broken bone? (frac	ture)		Full Participation	n 🔲 Limited Participation	
			Have you ever had a cast, splint, or had		Descri	ibe limitations, re	estrictions	
			Must you use special equipment for cor					
			Has it been more than eight years since	your last tetanus boos	- 11			
			Are you worried about your weight?		Partici	ipation contraind	icated (list reasons)	
			 Have you any medical concerns about participating in your sport? Are you taking any pills or drugs to increase your strength or performance? FEMALES: Have you any menstrual problems? 			Recommendations (equipment, taping, rehabilitation, referral)		
•	14	JJ.	ENTABLES. Have you any mensural p	TOUIGINS!	-			
			t, by my signature below, that to the swers to the above questions are constituted.			■ iner's Name		
Signature of Parent/Guardian			of Parent/Guardian	Date	11	Signature		
Signature of Student				Date			Date	

Form # 254-03