

Medical History

This form must be completed by parent or guardian prior to the physical and should be taken with the physical examination form for review by the by the physical during the examination.

YES	NO	1. Have you ever had any of the following?	Please explain any YES answers
___	___	heart murmur _____	
___	___	high blood pressure/ other heart problems _____	
___	___	broken bones _____	
___	___	weak joints-ankles, knees _____	
___	___	concussion _____	
___	___	operation _____	
___	___	seizures or epilepsy _____	
___	___	2. Have you ever fainted or passed out? _____	
___	___	3. Have you ever been knocked out? _____	
___	___	4. Have you ever been hospitalized? _____	
___	___	5. Have you ever had to stop running after ¼ to ½ miles for chest pain or shortness of breath? _____	
___	___	6. A. Have you ever had significant allergies to:	
___	___	Bee stings? – On medication - yes__ no __ _____	
___	___	Foods _____	
___	___	Medicine _____	
___	___	Others _____	
___	___	B. Do you have a prescription for use of :	
___	___	Adrenaline _____	
___	___	Inhalers _____	
___	___	Other allergy medicine _____	
___	___	C. Do you have asthma? _____	
___	___	7. Do you take any medicine regularly? _____	
___	___	8. Have you had any illnesses lasting a week or more such as mononucleosis? _____	
___	___	9. Have you had any blood disorders, including sickle cell trait, anemia, etc? _____	
___	___	10. Has any family member had a heart attack, heart problems or sudden death before the age of 50? _____	
___	___	11. Do you wear contact lenses, eyeglasses or dental appliance? _____	
___	___	12. Do you have any missing or non-functioning organs such as testes, eye, kidney, etc? _____	
___	___	13. Menstral History: Have you begun menses yet? _____	
___	___	14 Hepatitis B Immunization Series? _____	
___	___	16. DATE OF LAST TETANUS IMMUNIZATION? _____	

Parent/Guardian Signature: _____

Please sign in proper spaces and return to office with all other permission slips.

Physical Examination

To be completed and signed by examining physician

Name: _____ School: _____

Height _____ Weight _____ Sex _____ Age _____

*Tanner Stage or Maturation Index _____ BP _____

*Percent Body Fat _____ *Pulse(rest) _____

(Exercise) _____

(Recovery) _____

*Vision: Corrected (L) _____ (R) _____ Both _____

Uncorrected (L) _____ (R) _____ Both _____

*Audiogram: _____ Cervical spine/neck _____

Back _____

Eyes _____

Ears _____

Nose _____

Throat _____

Teeth _____

Lymphatic _____

Lungs _____

Heart _____

Abdomen _____

Genitalia/hernia _____

Peripheral pulses _____ *WHEN MEDICALLY INDICATED

Shoulders _____

Arm/elbow/wrist/hand _____

Knees/hips _____

Ankles/feet _____

Skin _____

LAB:

*Urine _____

*Hemoglobin or HCT _____

and/or Fe Stores _____

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

_____ Full Participation

_____ Limited Participation

_____ No Participation

_____ Needs Additional Evaluation

If not full participation, give reasons & recommendations:

Physician Signature, M.D. _____ *Date _____

*Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner

Physician Name (print) _____ Phone _____

Address _____ City/Zip _____

Insurance Information and Consent

I have sent a check for accident insurance as indicated below in order to meet the requirements of the California law (check the appropriate response(s)).

Myers-Stevens & Toohey & Co., Inc.

OR

I have health or accident insurance for my daughter or son which meets the requirements of California law and elect not to purchase student school insurance. (Please attach a copy of the students' medical card).

Insurance Company Name

Policy or Group Number

Please keep the athletic packet and return this form along with the student's physical. This form will be good for one year from the date of the physical.

This contract's function is to insure that the student-athlete, his/her parents, legal guardians/caregiver and the coaching staff fully understand eligibility requirements outlined in the Athletic Clearance Packet. Please read all items carefully before signing this form.

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver fully understand the eligibility requirements outlined in the Athletic Clearance Packet. We also recognize that if the standards of acceptable behavior, as set forth in the Athletic Code and Code of Conduct, are violated and/or the student-athlete does not meet the Scholastic Eligibility requirements, he/she could be immediately suspended from the team.

Our signatures below also acknowledge that we have read and understand the material contained in the WARNING TO STUDENTS AND PARENTS stating, "serious, catastrophic, and perhaps fatal injury may result from athletic participation."

The coaching staff fully commits itself to offer you, as an athlete, the best coaching available. They will work year-round to better themselves as coaches and to be available to you for help and advice in any area. They also commit themselves to do everything possible to help you further your education and to continue on in athletics if you so desire.

Student: _____

I have read and understand the following (parent initial):

- Student Athlete Packet _____
- GUSD Athletic Department Philosophy _____
- Student-Athlete-Parent Contract _____
- CIF Code of Conduct _____
- Scholastic Eligibility _____
- Athletic Injury Warning _____
- NCS Ejection Policy _____
- Concussion Information _____
- Transportation Agreement _____
- Student Athlete - Parent Contract _____

Parent Signature

Date

Student Signature

Date

Transportation can be difficult for any season and at times, we require the assistance of parent drivers. Please indicate below if you are able to drive and what days of the week you are available. Thank you.

- I am unable to drive any time throughout the season.
- I may be able to drive depending on the day and/or time.
- I am available on the following days: _____

If you have any questions, please feel free to call the school or write them below.