

ST. ANTHONY SCHOOL

MEDICAL HISTORY

This medical history form must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition that would make it hazardous to participate in an athletic event.

Name _____

Grade _____

	YES	NO
1. Are you under a doctor's care?	_____	_____
2. During the past 12 months:		
a. Any hospitalizations or surgeries?	_____	_____
b. Any injuries requiring medical attention?	_____	_____
c. Any illness lasting more than one week?	_____	_____
3. Do you take medication regularly? (If yes, list on reverse side.)	_____	_____
4. Any allergies to medications or insect stings? (If yes, list on reverse side.)	_____	_____
5. Have you ever had a concussion or been knocked unconscious?	_____	_____
6. Ever had a convulsion or seizure?	_____	_____
7. Do you wear any removable dental appliance (bridge, plate, retainer)?	_____	_____
8. Do you wear eyeglasses or contact lenses?	_____	_____
9. Have you had a tetanus booster within the last 8 years?	_____	_____
10. Has any family member had sudden death or heart attack before age 50?	_____	_____
11. Have you had any heart disease, murmur, extra beats, or high blood pressure?	_____	_____
12. Have you ever been dizzy or passed out from exercise?	_____	_____
13. Any joint injuries (fractures, sprains, strains, or dislocation? Where _____	_____	_____
14. Any organs missing (kidney, testicle, eye, etc.)?	_____	_____
15. Any chemical or substance use?	_____	_____
16. Any menstrual irregularities (females)?	_____	_____
17. Have you ever induced vomiting, or engaged in binge Eating or purging?	_____	_____
18. Have you ever been disqualified from participation?	_____	_____
19. Do you know of any reason why there should be limits in participation in any sport?	_____	_____

Parent Signature

Student Signature

Date

Date

ATHLETIC MEDICAL EXAMINATION

TO BE COMPLETED BY MEDICAL DOCTOR OR HIS DESIGNEE

NAME _____ DATE OF BIRTH _____

GENERAL EXAM

	Normal	Abnormal Findings
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
	Arrhythmia	
	Murmur	
ABDOMEN		
SPINE		
NEUROLOGICAL		
GENITALIA (hernia)		
PHYSICAL MATURITY (TANNER STAGE) 1 2 3 4 5		

HEIGHT	
WEIGHT	
BLOOD PRESSURE	
PULSE	
URINALYSIS:	
Protein	
Blood	
Glucose	
SUMMARY:	

ORTHOPEDIC EXAM

MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	Normal	Abnormal Findings
NECK		
SPINE		
SHOULDERS		
ARMS/HANDS		
HIPS		
THIGHS		
KNEES		
ANKLES		
FEET		

COMMENTS: _____

RECOMMENDATIONS

WEIGHT/LOSS GAIN _____	MEDICATIONS _____
STRENGTHENING _____	SPECIAL EQUIPMENT _____
STRETCHING _____	BRACING/TAPING _____
CONDITIONING _____	

I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed below:

 Signature of Medical Doctor M.D.

 Date of Physical Examination

 Telephone

 Medical Doctor (Print or Stamp)