

CLEARWATER CHRISTIAN COLLEGE PREPARTICIPATION MEDICAL HISTORY EVALUATION

Part 1. Athlete Information:

Athlete's Name _____ Sport(s) _____

Gender: male / female Age _____ DOB _____ SS# _____

Home Address: _____ Home phone _____
 _____ Cell phone _____
 City state zip

Parent's Name: _____ Address _____
 Parent's phone: _____
 Parent's work phone: _____ city state zip

IN CASE OF EMERGENCY, WHO COULD BE CONTACTED:

NAME: _____	Relationship _____	Phone _____
NAME: _____	Relationship _____	Phone _____
NAME: _____	Relationship _____	Phone _____

Part II. Medical History (Explain all yes answers on the space provided on the next page)

- | | Yes | No | | Yes | No |
|---|-----|-----|--|-----|-----|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | ___ | ___ | 18. Do you have any allergies (hay fever, hives, eczema, medicines, stinging insects, etc)? | ___ | ___ |
| 2. Are you under a physician's care for any reason now? | ___ | ___ | 19. Do you have asthma or do you have trouble breathing or cough during or after activity? | ___ | ___ |
| 3. Have you ever had shortness of breath during exercise? | ___ | ___ | 20. Do you have, or have you had in the last 6 months, skin rashes | ___ | ___ |
| 4. Have you ever passed out (Unconscious) during or after exercise? | ___ | ___ | 21. Have you ever had a head injury/concussion? | ___ | ___ |
| 5. Have you ever been dizzy during or after exercise | ___ | ___ | 22. Have you ever been knocked out or unconscious? | ___ | ___ |
| 6. Have you ever had chest pain during or after exercise? | ___ | ___ | 23. Have you ever had a memory loss from any cause? | ___ | ___ |
| 7. Do you tire ore quickly than your friends during exercise? | ___ | ___ | 24. Have you ever had a seizure? | ___ | ___ |
| 8. Have you ever had high blood pressure? | ___ | ___ | 25. Have you ever had a stinger or burner or a pinched nerve? | ___ | ___ |
| 9. Have you ever experienced or been told you have cardiovascular problems? | ___ | ___ | 26. Have you ever had heat or muscle cramps? | ___ | ___ |
| 10. Have you ever been told you have a heart murmur or irregular irregular rhythm? | ___ | ___ | 27. Have you ever been dizzy or passed out due to the heat | ___ | ___ |
| 11. Have you ever had racing of your heart or skipped beats? | ___ | ___ | 28. Do you use any special equipment (pads, braces, neck rolls braces, neck rolls, mouth/eye guards, etc)? | ___ | ___ |
| 12. Do you have any family (immediate) history of sudden death, cardiac disease, valvular heart disease, Marfans syndrome, asthma, or fainting spells | ___ | ___ | 29. Have you had any problems with eyes or vision? | ___ | ___ |
| 13. Have you ever taken medication for high blood pressure? | ___ | ___ | 30. Do you wear glasses or contacts or protective eyewear? | ___ | ___ |
| 14. Are you presently taking any medications or pills? | ___ | ___ | 31. Have you ever missed practice 3 or more days? | ___ | ___ |
| 15. Are you missing any organs (kidney, spleen, eye, testicle, etc)? | ___ | ___ | 32. Do you wear any dental appliances (braces, false teeth)? | ___ | ___ |
| 16. Have you ever been hospitalized? | ___ | ___ | 33. Do you have ear drum tubes or a perforated eardrum? | ___ | ___ |
| 17. Have you ever had surgery (i.e. tonsillectomy, arthroscopy, etc)? | ___ | ___ | 34. Have you had any other medical problems (i.e. infectious (i.e. Infectious mononucleosis, diabetes, etc)? | ___ | ___ |
| 35. Have you ever sprained, strained, dislocated, broken or had repeated swelling of any of the following? | | | | | |
| ___ Head ___ Knee ___ Thigh ___ Neck ___ Elbow ___ Shoulder ___ Chest ___ Forearm ___ Shin/Calf | | | | | |
| ___ Back ___ Wrist ___ Ankle ___ Hip ___ Hand ___ Foot | | | | | |
| 36. Record the dates of your most recent immunization (shots) for: | | | | | |
| Tetanus _____ Measles _____ | | | | | |
| Hepatitis B _____ Chickenpox _____ | | | | | |
| 37. Have you ever been told not to participate in any sports? | YES | NO | | | |
| Which sport and when? _____ | ___ | ___ | | | |

Explain all YES answers in the area below. Mark each explanation with the number of the question you are responding to. Be as detailed as possible and indicate dates of each occurrence.

CERTIFICATION OF MEDICAL HISTORY

I hereby state that, to the best of my knowledge, my answers to the above questions are correct
 Date _____

Signature (Participant)

I hereby state that I have reviewed this medical history and find the answers to the questions correct to the best of my knowledge.

Date _____

Signature (Licensed Medical Physician)

**CLEARWATER CHRISTIAN COLLEGE
ATHLETIC DEPARTMENT
PHYSICAL EXAM**

DATE _____
 NAME _____ SPORT(S) _____ YEAR IN SCHOOL _____
 AGE _____ BIRTHDATE _____
 HEIGHT _____ WEIGHT _____
 PULSE _____ BLOOD PRESSURE (SITTING) _____
 VISION RT _____
 LT _____
 BOTH _____

NORMAL **ABNORMAL FINDINGS:**

1. EYES (Pupils Equal?) _____
2. EARS, NOSE, THROAT _____
3. MOUTH AND TEETH _____
4. NECK _____
5. CHEST AND LUNGS _____
6. CARDIOVASCULAR:
 - A. Precordial Auscultation:
 Sitting and Standing: _____
 - B. Femoral Artery Pulses: _____
 - C. Physical Stigmata of Marfan Syndrome: _____
7. ABDOMEN _____
8. SKIN _____
9. GENITALIA _____
10. MUSCULOSKELETAL:
 ROM, STRENGTH, ETC
 - A. Neck _____
 - B. Spine _____
 - C. Shoulders _____
 - D. Arms/Hands _____
 - E. Hips _____
 - F. Thighs _____
 - G. Knees _____
 - H. Ankles _____
 - I. Feet _____
11. NEUROLOGICAL ASSESSMENT _____
12. URINALYSIS (OPTIONAL) _____
13. LABORATORY (IF NEEDED) _____

COMMENTS: _____

Can this person participate in Intercollegiate Athletics? _____ YES _____ NO

Participation Recommendations or Restrictions: _____

Date of Examination _____ Signed _____

Physician Name (Printed) _____ Phone _____
 Address: _____

