

**CATHOLIC GRADE SCHOOL SPORTS CONFERENCE
MEDICAL HISTORY SHEET 2018-19**

STUDENT'S NAME: _____ Date: _____

CIRCLE YES OR NO

(FURTHER DESCRIBE YES ANSWER TO THE RIGHT)

- YES NO HISTORY OF HIGH BLOOD PRESSURE _____
- YES NO HISTORY OF HEART OR BLOOD VESSEL DISEASE _____
- YES NO LIVER OR KIDNEY PROBLEMS _____
- YES NO PREVIOUS STROKES – C.V.A. _____
- YES NO DIABETES _____
- YES NO EPILEPSY _____
- YES NO RESPIRATORY DIFFICULTIES _____
- YES NO BROKEN BONES _____
- YES NO SENSORY DISTURBANCES _____
- YES NO ARTHRITIS OR JOINT PROBLEMS _____
- YES NO SPECIAL DIET RESTRICTIONS _____
- YES NO PRESENTLY HAVE ANY METAL IMPLANTS _____
- YES NO PRESENTLY HAVE A PACEMAKER _____
- YES NO ANY PRESENT VISUAL PROBLEMS _____
- YES NO ANY PRESENT HEARING PROBLEMS (HEARING AID) _____
- YES NO ANY UNUSAL REACTION TO HEAT OR COLD _____
- YES NO ANY ALLERGIES _____
- YES NO CONCUSSIONS (LIST DATES) _____

LIST CURRENT MEDICATIONS _____

LIST PREVIOUS MAJOR HOSPITALIZATION/SURGERIES _____

PARENT OR GUARDIAN SIGNATURE

DATE

PHYSICAL EXAM BY PHYSICAN

Height (inches) _____
Blood Pressure _____
Vision _____

Weight (pounds) _____
Pulse _____
Contacts/glasses _____

	WNL	ABN
HEENT _____		
NECK _____		
LUNGS _____		
HEART _____		
ABDOMEN _____		
GENITALS _____		
SKIN _____		
NECK _____		
SPINE _____		
SHOULDER _____		
STABILITY _____		
IMPINGEMENT _____		
ELBOW _____		
WRIST _____		
HAND _____		
HIP _____		

	WNL	ABN
ANKLE _____		
ALIGNMENT _____		
STABILITY _____		
FEET _____		
KNEE _____		
MCL _____		
LCL _____		
ACL _____		
PCL _____		
MENISCUS _____		
PATELLA _____		
PAIN _____		
APPREHENSION _____		
CREPITATION _____		
FUNCTIONAL TEST _____		
ONE LEG HOP _____		
FULL SQUATS _____		

NEEDS FURTHER EVALUTION **YES** **NO**
CLEARED FOR PARTICIPATION **YES** **NO**

COMMENTS: _____

PHYSICIAN'S SIGNATURE

DATE