



**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

WNL ABN

HEENT \_\_\_\_\_  
 NECK \_\_\_\_\_  
 LUNGS \_\_\_\_\_  
 HEART \_\_\_\_\_  
 ABDOMEN \_\_\_\_\_  
 GENITALS \_\_\_\_\_  
 SKIN \_\_\_\_\_  
 NECK \_\_\_\_\_  
 SPINE \_\_\_\_\_  
 SHOULDER \_\_\_\_\_  
 STABILITY \_\_\_\_\_  
 IMPINGEMENT \_\_\_\_\_  
 ELBOW \_\_\_\_\_  
 WRIST \_\_\_\_\_  
 HAND \_\_\_\_\_  
 HIP \_\_\_\_\_

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