



**CATHOLIC GRADE SCHOOL SPORTS CONFERENCE
MEDICAL HISTORY SHEET
2017-18**

STUDENT'S NAME: _____ DOB: _____

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) _____ Weight (pounds) _____
 Blood Pressure _____ Pulse _____
 Vision _____ 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 EVALUATION _____ YES NO
 CLEARED FOR PARTICIPATION _____ YES NO
 COMMENTS: _____

PHYSICIAN'S/NURSE PRACTICIONER'S/PHYSICIAN'S ASSISTANT'S SIGNATURE _____ DATE _____