

ST. PATRICK-ST. VINCENT HIGH SCHOOL ATHLETIC DEPT.

PREPARTICIPATION HEALTH SCREENING

All Athletes must have a Medical Doctor complete a physical examination form annually, BEFORE HE OR SHE MAY TRY OUT, PRACTICE, OR PARTICIPATE IN INTERSCHOLASTIC COMPETITION.

Students Name: _____ DOB: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY:

- 1. Chronic or recurrent illness? (Circle any that apply: asthma, diabetes, hepatitis) YES NO
2. Problems with heart, heart murmur, or blood pressure? YES NO
3. Missing organs such as eye, kidney, testicle? YES NO
4. Mononucleosis within the last calendar year? YES NO
5. Hospitalizations/Surgeries? YES NO
6. Seizures/convulsions? YES NO
7. Dizziness, fainting, frequent headaches? If so, have you seen a Medical Doctor? YES NO
8. Any history of heat exhaustion/heat stroke? YES NO
9. Do you take any medications on a regular daily basis? If yes, explain. YES NO
10. Any Injuries requiring M.D. treatment. If so explain: YES NO
11. Any history of concussions? If so, how many, when and what was the severity? YES NO
12. Females: Age of onset of periods Are your periods regular? Date of last period:
13. Date of last Impact computer baseline concussion screening?

SCREENING:

HT _____ inches WT _____ lbs. BP ____/____ Eyeglasses/contacts: YES NO
Vision Right ____/____ Left ____/____ with or without corrective lenses (circle one)
Pulse rate resting _____ After 60 sec. of vigorous exercise _____ Recovery rate satisfactory? YES or NO

- FULL PARTICIPATION: To the best of my knowledge, this student is physically able to participate in interscholastic athletics without restrictions.
FOLLOW-UP: This student needs to have the following health problems evaluated or treated before participation can be recommended:
DENIED: This student has health problems that prohibit him/her from participating in competitive sports.

Physicians Name (print) Physicians Signature DATE

Physicians Lisc. # Physicians phone #

* A Medical Doctor/Nurse Practitioner/Physician's Assistant must sign this form per CIF rules.