Catholic High Pre-Physical History Form

Athlete Information						
Name			Age	Grade	Date of Birth	,
Address				Phone	School	
Sport(s)	P	erso	nal Physicia	n		
Name of Insurance				Policy No.		
In case of emergency, contact:						
NameRelations	ship		Ce	ell	Home Phone	
Parent's or Guardian's Permission and Rel	ease					
I hereby give my consent for the above-named studindicated on the form by the examining physician. It assumed by the student and parent/guardian when trainers, or others trained in the rendering of first all injured during the course of any such activities, the and the Diocese of Little Rock and its administration treatment of injuries.	The par thev si id are a parent	ent o gn th vailal s/gua	r guardian u is form. Hov ble, as volur rdians do h	understands wever, in the nteers or oth ereby releas	that the risk of iniury, or e event physicians, nurses herwise, and rendeer aid e and forever discharge s	death is s, certified to any studen such persons
Signature of parent or guardian	Nestera de la companya de la company	u 110000 UNIX			Date	
Explain "YES" answers below	Pre	epar	ticipation	Physical E	Evaluation Form (His	story)
Has a doctor ever denied or restricted your participation in sports for any reason? Do you have an ongoing medical condition (Like diabetes or asthma)? Are you currently taking any prescription or nonprescription (over-thecounter) medicines or pills? Do you have allergies to medicines, pollens, foods, or stinging insects? Have you ever passed out or nearly passed out DURING or AFTER exercise? Have you ever had discomfort, pain, or pressure in your chest during exercise? Does your heart race or skip beats during exercise? Has a doctor ever told you you have "high blood pressure"? Has a doctor ever told you you have "high cholesterol"? Has a doctor ever told you you have "a heart murmur"? Has a doctor ever told you you have "a heart infection"? Does anyone in your family have a heart problem? Has any family member or relative died of heart problems or of sudden death before the age of 50? Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a game or practice? If yes, circle the affected area below. Have you had any broken or fractured bones or dislocated joints? If yes, circle below. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below.	Chest		19 Have yo an x-ray 20 Do you in 21 Has a do or allerg 22 Is there 23 Where yo within the 25 Do you in 30 Have yo 30 Have yo 31 When a musscles 32 Has a do family has 134 Have yo 34 Do you a face si 36 Are you 38 Do you 39 Do you 38 Do you 39 Tare you 39 Do you 39 Tare you 39 Do you 39 Do you 38 Do you 39 Do you 38 Do you 39 Tare you 39 Do you 39 Tare you 39 Do you 39 Tare you 39 Tar	for atlantoaxia regularly use a pettor ever told vies? anyone in your ou born witho a testicle, or an u had infection he last month? have any rache blems? u a had a herou ever had a herou ever had a se have headache au ever had nur arms, or legs af exercising in the cramps or bestor told your class sickle trait of the last month? I was any rache blems? I was a sector told your class sickle trait of the last problems of the last problems of the last problems. I had any problems of the last problems of the las	at you have or have you had all (neck) instability? brace or assistive device? you that you have asthma. If family who has asthma? ut or missing a kidney, yo ther organ? us mononucleosis (mono) as, pressure osres, or other es skin infection? ead injury or concussion? esture? s with exercise? In the exercise one ill? It is sickle cell disease? It is contact lenses? It is eyewear, such as goggles or exercise or exercise eyewear, such as goggles or	YES
Explain "YES" answers here I hereby state that, to the best of my knowledge,				ve questions	s are complete and corre	ct.

Catholic High Physical Exam Form

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name		S .	Date of Birth					
HeightWe	ight	%Body Fat (optional)	Pulse	BP/_	_ (/	_ ,/)		
Vision R 20/ L 20/		_ Corrected Y N	Pupil	s: Equal	Unequ	al		
	NORMAL	ABNORMAL FIND	INGS			INITIALS*		
MEDICAL								
Appearance								
Eyes/ears/nose/throat								
Hearing								
Lymph nodes								
Heart								
Murmurs								
Pulses								
Lungs								
Abdomen		- x			Marie Control of Contr			
Genitourinary								
Skin								
						2		
MUSCULOSKELETAL	-							
Neck								
Back								
Shoulder/arm								
Elbow/forarm								
Wrist/hand/fingers	0							
Hip/thigh					× 1			
Knee								
Leg/ankle	7, 97							
Foot/toes								
*Multiple-examiner se	t-up only							
Notes:	a e							
**************************************	-				,			
Name of Physican (print/type)			D)ate				
Address			Phone					
Signature of Physicia	an					MD or DO		