Catholic High Pre-Physical History Form

Athlete Information

Name_____ Age_____ Grade_____ Date of Birth_____

Address_____ Phone_____ School_____

Sport(s)_____ Personal Physician_____

Name of Insurance_____ Policy No._____

In case of emergency, contact:

Name_____ Relationship_____ Cell_____ Home Phone_____

Parent's or Guardian's Permission and Release

I hereby give my consent for the above-named student to represent his school in athletic activities except for those indicated on the form by the examining physician. The parent or guardian understands that the risk of injury, or death is assumed by the student and parent/guardian when they sign this form. However, in the event physicians, nurses, certified trainers, or others trained in the rendering of first aid are available, as volunteers or otherwise, and rendeer aid to any student injured during the course of any such activities, the parents/guardians do hereby release and forever discharge such persons and the Diocese of Little Rock and its administration/coaches from any liability arising out of any first aid or immediate treatment of injuries.

Signature of parent or guardian_____ Date_____

Explain "YES" answers below

Preparticipation Physical Evaluation Form (History)

	YES	NO
1 Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2 Do you have an ongoing medical condition (Like diabetes or asthma)?	☐	☐
3 Are you currently taking any prescription or nonprescription (over-thecounter) medicines or pills?	☐	☐
4 Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5 Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐
6 Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
7 Does your heart race or skip beats during exercise?	☐	☐
8 Has a doctor ever told you you have "high blood pressure"?	☐	☐
9 Has a doctor ever told you you have "high cholesterol"?	☐	☐
10 Has a doctor ever told you you have "a heart murmur"?	☐	☐
11 Has a doctor ever told you you have "a heart infection"?	☐	☐
12 Does anyone in your family have a heart problem?	☐	☐
13 Has any family member or relative died of heart problems or of sudden death before the age of 50?	☐	☐
14 Have you ever had surgery?	☐	☐
15 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.	☐	☐
16 Have you had any broken or fractured bones or dislocated joints? If yes, circle below.	☐	☐
17 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.	☐	☐

Head Neck Shoulder Upper arm Elbow Hand Chest
Upper Back Lower Back Hip Thigh Knee Calf Ankle Foot

	YES	NO
18 Have you ever had a stress fracture?	☐	☐
19 Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
20 Do you regularly use a brace or assistive device?	☐	☐
21 Has a doctor ever told you that you have asthma. or allergies?	☐	☐
22 Is there anyone in your family who has asthma?	☐	☐
23 Where you born without or missing a kidney, an eye, a testicle, or any other organ?	☐	☐
24 Have you had infectious mononucleosis (mono) within the last month?	☐	☐
25 Do you have any raches, pressure osres, or other skin problems?	☐	☐
26 Have you a had a herpes skin infection?	☐	☐
27 Have you ever had a head injury or concussion?	☐	☐
28 Have you ever had a seizure?	☐	☐
29 Do you have headaches with exercise?	☐	☐
30 Have you ever had numbness, tingling, or weakness, in your arms, or legs after being hit or falling?	☐	☐
31 When exercising in the heat, do you have severe musscle cramps or become ill?	☐	☐
32 Has a doctor told you or someone in your family has sickle trait or sickle cell disease?	☐	☐
33 Have you had any problem with your eyes or vision?	☐	☐
34 Do you wear glasses or contact lenses?	☐	☐
35 Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
36 Are you happy with your weight?	☐	☐
37 Are you trying to gain or lose weight?	☐	☐
38 Do you have any concerns that you would like to discuss with a doctor?	☐	☐

Explain "YES" answers here_____

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete_____ Signature of Parent/Guardian_____ Date_____