

## **Fremont Union High School District**

Physical Exam Form - Part 1

Student/Athlete's Health History (Required) Student ID#

School:		School Year:	S	Sports/Activities Try	ving Out for:			
Last Name:			Firs	t Name:		M.I.:		
Grade:	Home	e Ph:	Ι	Date of Birth:		Age:	Male Eremale	
Home Addre	ess:			City:		Zip:		
Name of Family Doctor or Medical Clinic/Hospital:								
Street Address of Doctor or Medical Clinic/Hospital:								
City:		Zip:		Doctor's Office Ph	one Number:			
<b><u>STUDENT'S HEALTH HISTORY</u></b> : To be completed by the Parent/Guardian and reviewed by the doctor at time of the student's Physical Exam. Parents, please check ( $$ ) "Yes" or "No" to the questions below about your child's health history.								
Date of student's last Diphtheria/Tetanus shot? (month/day/year)								

Has the student had any:	Yes	No	Is the
1. Chronic or recurrent illness?			14. In
2. Illness lasting over 1 week?			15. N
3. Hospitalization?			16. K
4. Surgery other than removal of tonsils?			17. SI
5. Missing organs (eye, kidney, testicle)?			18. A
6. Problems with heart or shortness of breath during exercise?			19. O
7. Dizziness or fainting with exercise?			20. B
8. Fainting, bad headaches, or convulsions?			21. O
9. Concussion or loss of consciousness?			Furth
10. Heat exhaustion, heatstroke, or other problems with heat?			22. Is not pa
Does this student:			23. H
11. Wear eyeglasses or contact lenses?			than 4 accide
12. Wear dental bridges, braces, or plates?			24. H
13. Take any medications? If so, please list them below.			less th

Is there any history of:	Yes	No
14. Injuries requiring Doctor's treaments?		
15. Neck or back injury?		
16. Knee injury?		
17. Shoulder or elbow injury?		
18. Ankle injury?		
19. Other serious joint injury?		
20. Broken bones or fractures?		
21. Other serious injury?		
Further History:		
22. Is there any reason why this student should not participate in sports?		
23. Has any family member died suddenly at less than 40 years of age of causes other than an accident?		
24. Has any family member had a heart attack at less than 35 years of age?		

Use the space below to explain any questions above that you answered "yes" to:

Medications your son/daughter is currently taking:

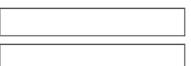
## Parent's/Guardian's & Student's Acknowledgement

I have reviewed and agree with the information presented on this form. I also understand that the Physical Examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal doctor. I do not know of any reason why the above-named student should not participate and represent his/her school in supervised athletic activities.

Signature of Parent/Guardian:

Signature of Student/Athlete:

Date (mo/day/year):



Date (mo/day/year):