

William S. Hart Union High School District

MEDICAL HISTORY TO BE COMPLETED BY PARENT/GUARDIAN BEFORE PHYSICAL EXAM

Name of Student-Athlete \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Grad. Yr. \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Check **Yes** or **No** (If “Yes” explain)

1. Has the student-athlete had a medical illness or injury since his/her last check up or sport physical?    Y ☐    N ☐

\_\_\_\_\_

2. Is the student-athlete currently taking any prescription or nonprescription (over-the-counter) medication or using an inhaler?    Y ☐    N ☐

\_\_\_\_\_

3. Does the student-athlete have any allergies (for example, pollen, medicine, food, or stinging insects)?    Y ☐    N ☐

\_\_\_\_\_

4. Has the student-athlete ever had a seizure?    Y ☐    N ☐

\_\_\_\_\_

5. Has the student-athlete ever become ill from exercising in the heat?    Y ☐    N ☐

\_\_\_\_\_

6. Is there any pertinent medical information coaches or physicians should know about the student-athlete?    Y ☐    N ☐

\_\_\_\_\_

7. Does the student-athlete wear glasses, contacts, or dental braces?    Y ☐    N ☐

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_