

Medical History

Please answer the following questions by circling yes or no. If you answer yes, please explain at the bottom of the page.

- 1 Have you ever had a medical problem requiring surgery, hospitalization or prolonged treatment by a doctor? Yes No
  - 2 Do you take any medication of any type (please list) Yes No
  - 3 Have you ever had a severe allergic reaction to anything? Yes No
  - 4 Have you had allergic problems such as hay fever, asthma or eczema? Yes No
  - 5 Do you have difficult breathing or wheezing during or shortly after exercise? Yes No
  - 6 Have you ever had a heart murmur, racing heart or irregular heart beat? Yes No
  - 7 Have you ever been dizzy or passed out during exercise? Yes No
  - 8 Has any family member ever had a heart attack or died suddenly before age 50? Yes No
  - 9 Do you have chest pain or tire more easily than others your age when exercising? Yes No
  - 10 Have you ever suffered heat related problems such as heat cramps severe headache, dizziness or passing out? Yes No
  - 11 Have you ever had a significant injury such as sprain, fracture or dislocation of a bone or joint or back problems? Yes No
  - 12 Have you ever had a concussion or been knocked unconscious? Yes No
  - 13 Have you ever had a seizure? Yes No
  - 14 Have you ever had burning pain, numbness or tingling in your arms or legs associated with any athletic or physical activity? Yes No
  - 15 Is there any other medical or family history which might be important? Yes No
  - 16 Have you ever had been taken out of or kept from participating in a sports activity or practice for an injury or physical reason? Yes No
  - 17 Have you ever required taping, padding or bracing before events or practices? Yes No
  - 18 Do you have damage or absence of one of any paired organs (i.e., kidney, testicle, ovary, eye, etc.)? Yes No
  - 19 Do you have any skin problems (rash, itching)? Yes No
  - 20 In the last year, how much weight have you gained or lost? Yes No
  - 21 What is the date of your last menstrual period? Yes No
- In the last year have you gone for three months or more without a menstrual cycle? Yes No

Physical

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_  
 BP \_\_\_\_\_ (>140/85)? \_\_\_\_\_  
 Vision \_\_\_\_\_ R corrected \_\_\_\_\_ R uncorrected \_\_\_\_\_  
 L corrected \_\_\_\_\_ L uncorrected \_\_\_\_\_  
 Glasses/Contacts/None \_\_\_\_\_ Pupils equal: Yes No

General Observation \_\_\_\_\_  
 HEENT: \_\_\_\_\_  
 Neck: ROM \_\_\_\_\_ Palpation \_\_\_\_\_ Tenderness \_\_\_\_\_  
 Chest: Auscultation \_\_\_\_\_ Wheezing \_\_\_\_\_

Rates \_\_\_\_\_  
 CV: Heart Murmurs \_\_\_\_\_ Increased W/valvula Yes No  
 Grade III or IV murmur Yes No Diastolic Murmur? Yes No  
 Rhythm Yes No Click? Yes No Rub? Yes No  
 Pulses: Carotid \_\_\_\_\_ Radial \_\_\_\_\_ Lower Extremity \_\_\_\_\_  
 Edema? Yes No Cyanosis? Yes No

GU: Male \_\_\_\_\_ Testicles: R \_\_\_\_\_ L \_\_\_\_\_  
 Inguinal Female

Hernia \_\_\_\_\_ Enlarged spleen \_\_\_\_\_  
 GI: Hernia? Yes No Enlarged Liver \_\_\_\_\_  
 Skin: General \_\_\_\_\_ Rashes \_\_\_\_\_ Herpes \_\_\_\_\_ Impetigo \_\_\_\_\_  
 MS: Shoulder \_\_\_\_\_  
 Wrist/Hand/Elbow \_\_\_\_\_  
 Back \_\_\_\_\_ Scoliosis? Yes No  
 Knee/Hip \_\_\_\_\_  
 Ankle/Foot \_\_\_\_\_  
 Marfan? Tail \_\_\_\_\_ Striae \_\_\_\_\_ Hyperextensibility \_\_\_\_\_  
 Lens dislocation \_\_\_\_\_ Upper to lower body ratio <0.9 \_\_\_\_\_  
 (upper body from top of head to ASIS & lower body from ASIS to floor)  
 \*Needs evaluation if greater than 2 of above positive \_\_\_\_\_  
 Health counseling regarding use of seatbelts, alcohol, drugs, tobacco and sexual activity \_\_\_\_\_

- Problems
- 1 \_\_\_\_\_
  - 2 \_\_\_\_\_
  - 3 \_\_\_\_\_
  - 4 \_\_\_\_\_

The above named student has been cleared for entry into high school and for participation in following sports: \_\_\_\_\_  
 Contact collision (football, soccer, wrestling, etc.) \_\_\_\_\_  
 Limited contact/impact (baseball, basketball, volleyball, etc.) \_\_\_\_\_  
 Noncontact strenuous (track, field, running, tennis, etc.) \_\_\_\_\_  
 Noncontact moderately strenuous (badminton, table tennis, etc.) \_\_\_\_\_  
 Noncontact, nonstrenuous (golf, archery, riflery, etc.) \_\_\_\_\_

Additional evaluation suggested: \_\_\_\_\_  
 None \_\_\_\_\_  
 Coach/trainer notification and clearance \_\_\_\_\_  
 Physician (family physician/sports physician/orthopedics/other) \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Nurse Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Physician's signature must appear also if examined by an Advanced Nurse Practitioner in written collaborative practice with physician)

**FOR ATHLETICS ONLY**

**IMMANUEL LUTHERAN SCHOOL  
SPORTS AND SCHOOL PHYSICAL**

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act it could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school and I verify that it is correct and complete.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent's Permission and Authorization for Treatment**

We hereby give our consent for the above student to represent his/her school interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, healthcare providers and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with this participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of school athletic activities. We understand that the school may not provide transportation to all events, and permit/do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment, we certify that it is correct and complete.

The MSHSAA By-Laws provide that the student shall not be permitted to practice or compete for a school until it has verification that he/she has basic insurance coverage. Our son/daughter is covered by basic accident insurance for the current school year with:

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Date \_\_\_\_\_

Parents' or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revision Date 08/02

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last F Middle

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**IMMUNIZATION RECORD**  
(Fill in the month, day and year for each)

DPT/DT	Polio	MEASLES	MMR
1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	RUBELLA (3 Day or German)	MUMPS
B _____	B _____		
B _____	B _____		
B _____	B _____		

HEPATITIS B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_