## **Alabama Christian Athletic Association**

## **Medical History Form**

HISTORY Name Sex Age Date of Birth  Address School Grade Sport    Phone	шк	TORY Date		
Address   Phone     Check Yes or No				
School   Sport   School   Sport   School   Sch	Nan			
Explain "Yes" answers below:  Explain "Yes" answers below:  Yes \ No \ \^2  1. Has a doctor ever restricted/denied your participation in sports?  2. Have you ever been hospitalized or spent a night in a hospital?  Have ever had surgery?  3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?  4. Are you presently taking any medications or pills (prescription or over-the-counter)?  5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?  6. Have you ever passed out during or after exercise?  Have you ever head chest pain or discomfort in your chest during or after exercise?  Do you trie more quickly than your friends during exercise?  Have you ever had high blood pressure?  Have you ever had neigh of your heart or skipped hearbeats?  Have you ever had neigh of your heart or skipped hearbeats?  Have you ever had neigh of your heart or skipped hearbeats?  Have you ever had neigh of your heart or skipped hearbeats?  Have you ever had neigh of your heart or skipped hearbeats?  Have you ever had neigh your heart or skipped hearbeats?  Have you ever had neigh your heart or skipped hearbeats?  Have you ever had neigh your heart or skipped hearbeats?  Have you ever had neigh your heart or skipped hearbeats?  Have you ever had neigh your heart or skipped hearbeats?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a singer, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?  Have you ever had a singer, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?  Have you ever had a singer, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?  Have you ever had neid or muscle cramps?  Have you ever head have transfer or your qually during or after activity?  Do you take any medication for asthma (for instance, inhalers)?  10. Do you have trouble breathing or do you ounged during or after activity?  Do you take any medication for asthma (for inst	Add	Address Phone		
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	Sig	nature of parent/guardian		

In order for any student to be eligible for interscholastic athletics, there must be on file in your school's office a current Medical History Form (signed by a physician) certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics. A physical exam will satisfy the requirement for one calendar year from the date of the exam.

## PHYSICAL EXAMINATION

Height	Weight		BP_		/		Pulse		
Vision R 20/	L 20/ Co	rrected:	Yes	or No	)				
		Norma	al				Abnormal Findings		
	Cardiovascular						<u> </u>		
	Pulses								
	Heart								
	Lungs								
	Skin								
	E.N.T.								
	Abdominal								
G	enitalia (males)								
l l	Musculoskeletal								
	Neck								
	Shoulder								
	Elbow								
	Wrist								
	Hand								
	Back								
	Knee								
	Ankle								
	Foot								
	Other								
Clearance: A.	Cleared								
B.									
C.									
	( ) Non-conta	ct	_ Str	enuous		Moder	rately strenuous Non-strenuous		
Due to:									
							Date		
							Phone		
Signature of phy	sician						_, M.D. or D.O.		