

**ALBERTUS MAGNUS HIGH SCHOOL
ATHLETIC MEDICAL HISTORY FORM
FOR PARENT USE ONLY**

(This form must be completed within 30 days of sport starting)

Sport _____ Grade _____ Age _____ Birthdate _____

Date of last physical: _____ Last Jr./Sr. High Sport played: _____

Name _____ Address _____ Phone _____

Parent/Guardian _____ Address _____ Phone _____

Physician's Name _____ Address _____ Phone _____

PLEASE EXPLAIN ANY "YES" ANSWERS IN THE SPACE BELOW:

| | YES | NO | | YES | NO |
|---|-------|-------|---|-------|-------|
| 1. Have you ever been hospitalized? | ___ | ___ | 2. Have you ever had surgery? | ___ | ___ |
| 3. Have you ever been treated in an emergency room? | ___ | ___ | 4. Are you presently taking any medication? | ___ | ___ |
| 5. Do you have any allergies? | ___ | ___ | 6. Do you have any skin problems? | ___ | ___ |
| 7. Have you ever had a head injury? | ___ | ___ | 8. Have you ever had a seizure? | ___ | ___ |
| 9. Have you ever been knocked out or been unconscious? | ___ | ___ | 10. Have you ever had a pinched nerve or a burner? | ___ | ___ |
| 11. Have you ever had heat or muscle cramps? | ___ | ___ | 12. Have you ever been dizzy or passed out in the heat? | ___ | ___ |
| 13. Do you cough or wheeze or have trouble breathing during exercise? | ___ | ___ | 14. Do you use any braces, special equipment, pads, eye guards? | ___ | ___ |
| 15. Have you had any problems with your eyes or vision? | ___ | ___ | 16. Do you wear glasses or contacts? | ___ | ___ |
| 17. Have you ever sprained/strained, broke, dislocated, fractured or had swelling to any bones or joints? | ___ | ___ | NOTE L or R: chest/ribs___ shin/calf___ head___ shoulder___ neck___ elbow___ wrist___ hip___ foot___ ankle___ knee___ thigh___ hand/fingers___ | | |
| 18. Have you ever passed out during or after exercise? | ___ | ___ | 19. Have you ever been dizzy during or after exercise? | ___ | ___ |
| 20. Have you ever had any chest pain during or after exercise? | ___ | ___ | 21. Have you ever had high blood pressure? | ___ | ___ |
| 22. Do you tire more quickly than your friends during exercise? | ___ | ___ | 23. Have you ever been told you have a heart murmur? | ___ | ___ |
| 24. Have you ever had racing of your heart or skipped beats? | ___ | ___ | 25. Has anyone in your family died of heart problems before 45? | ___ | ___ |
| 26. Have you had any other medical problems (asthma, diabetes, sore throats, hepatitis, mononucleosis)? | ___ | ___ | 27. Have you had a medical problem or injury since your last physical? | ___ | ___ |
| 28. When was your first menstrual period? | _____ | _____ | 29. When was your last menstrual period | _____ | _____ |
| 30. What was the longest time between periods last year? | _____ | _____ | | | |

EXPLAIN ANY "YES" ANSWER TO THE QUESTIONS ABOVE AND INCLUDE DATES:

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE CORRECT.

ATHLETE'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

THIS IS THE ONLY FORM YOU MAY USE FOR SPORTS.