



# ATHLETICS PROGRAM

## Lordsburg Municipal Schools

### Appendix E Part I Interscholastic Athletic Medical Examination Form

**Medical History (Parent/Guardian must complete before examination)**

Student-Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Address: \_\_\_\_\_ Age: \_\_\_\_\_ S.S.# \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**NOTE TO PARENTS**

In order that the best plans may be made for your child, it is necessary that we have your cooperation in filling out this questionnaire accurately before he/she can participate in interscholastic competition. After conferring with your child, please initial after each sport in which you permit him/her to participate.

Football     Volleyball     Boy's Basketball     Girl's Basketball     Cheer  
 Boy's Track     Girl's Track     Baseball     Softball

YES    NO

Do you want to talk to a doctor about a health problem ..... \_\_\_\_\_

Has anyone in your family ever had:

Diabetes ..... \_\_\_\_\_  
 Allergies (Hay fever or asthma)..... \_\_\_\_\_  
 Migraine Headaches ..... \_\_\_\_\_  
 Heart Trouble ..... \_\_\_\_\_  
 High Blood Pressure ..... \_\_\_\_\_

Has anyone in your family, under age 50, died suddenly ..... \_\_\_\_\_

Have you had or do you now have:

Brain Concussion ..... \_\_\_\_\_  
 Tendency to lose consciousness ..... \_\_\_\_\_  
 Skull Fracture ..... \_\_\_\_\_  
 Convulsion or Epilepsy ..... \_\_\_\_\_  
 Neck Injury ..... \_\_\_\_\_

Have you had or do you now have:

Very bad vision in one eye ..... \_\_\_\_\_  
 Temporary loss of vision ..... \_\_\_\_\_  
 To wear glasses or contact lenses..... \_\_\_\_\_

Have you had or do you now have:

Hearing Loss ..... \_\_\_\_\_  
 Perforated Ear Drum ..... \_\_\_\_\_  
 Recurrent Infections ..... \_\_\_\_\_  
 Sinus Infections ..... \_\_\_\_\_  
 Broken Nose ..... \_\_\_\_\_  
 Dental Plate ..... \_\_\_\_\_  
 Orthodontist ..... \_\_\_\_\_

Have you had or do you now have:

Hernia ..... \_\_\_\_\_  
 Kidney Problems ..... \_\_\_\_\_  
 (Boy's) Loss of function or absence of testicle(s)..... \_\_\_\_\_  
 (Girl's) Menstrual Problems ..... \_\_\_\_\_

Have you had or do you now have:

Bone Fracture ..... \_\_\_\_\_  
 Joint Dislocation ..... \_\_\_\_\_  
 Foot Problems ..... \_\_\_\_\_  
 Pins, staples and/or wires in any part of the body..... \_\_\_\_\_

Have you had or do you now have:

Back injury or frequent headaches..... \_\_\_\_\_  
 Knee injury (sprain) or recurrent pain ..... \_\_\_\_\_  
 Ankle injury (sprain) or recurrent pain ..... \_\_\_\_\_  
 Other joint trouble ..... \_\_\_\_\_  
 Bone infection..... \_\_\_\_\_



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### Appendix E Part I (cont'd.) Interscholastic Athletic Medical Examination Form

	YES	NO
Have you had or do you now have:		
Diabetes (high sugar in blood or urine).....	_____	_____
Tendency to bleed or bruise easily .....	_____	_____
Anemia (tired blood).....	_____	_____
Weight Problem (underweight or overweight) .....	_____	_____
Have you had or do you now have:		
Asthma .....	_____	_____
Hay Fever .....	_____	_____
Hives or rash .....	_____	_____
Bee sting reactions (allergy).....	_____	_____
Reaction to medication.....	_____	_____
If yes, please specify: _____		
Do you:		
Smoke .....	_____	_____
Take any medication regularly .....	_____	_____
If yes, please specify _____		
Have you had or do you now have:		
Heart trouble or murmur .....	_____	_____
Persistent cough .....	_____	_____
Chest pain with exercise .....	_____	_____
Dizziness or faintness with exercise .....	_____	_____
Have you had or do you now have:		
Recurrent rash.....	_____	_____
Fungus infection .....	_____	_____
Chronic athlete's foot .....	_____	_____
Recurrent boils (skin infection) .....	_____	_____
Do you wish to discuss an emotional problem with the doctor?.....	_____	_____
Have you ever been told to give up sports because of a health problem? .....	_____	_____
<b>Past history of injuries, operations, illnesses, etc. (include dates and doctors who handled case).</b>		
_____		
_____		
_____		

#### Acknowledgement of Injury Risks

We, parent(s)/guardian(s) and student-athletes, are aware that preparation for and participation in interscholastic athletics involve many risks of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity, which may involve vigorous physical contact.

We parent(s)/guardian(s) and student-athlete have completely read, fully understand and voluntarily accept and agree to all of the above terms and conditions.

Home Phone	Business Phone	Parent/Guardian Signature
Date	Business Phone	Parent/Guardian Signature
		Student-Athlete Signature

