FRASSATI CATHOLIC HIGH SCHOOL MEDICAL HISTORY FORM

The student, with the help of a parent or guardian, is to answer the following questions: 1. Have you had a medical illness or injury since your lack theck up or sports physical? 2. Have you been hospitalized overnight in the past year? 3. Have you had surgery in the past year? 4. And you currently taking any prescriptions or non-proeciptioning or facing the past year? 5. Have you was any allergels (for example, to pollen, public or issing an inhaler? 6. Have you tree passed out during or after exercise? 7. Have you ever based out furting or after exercise? 8. Have you ever based out furting or after exercise? 9. Have you ever based out during or after exercise? 9. Have you ever based out during or after exercise? 9. Have you ever based out furting or after exercise? 1. Have you ever based and undring or after exercise? 1. Have you ever had chase pain during or after exercise? 1. Have you ever had on a racing of your heart or skipped hearthcasts? 1. Have you ever had on a racing of your heart or skipped hearthcasts? 1. Have you ever had not a racing of your heart or skipped hearthcasts? 1. Have you ever had not a racing of your heart or skipped hearthcasts? 1. Have you ever had not a racing of your heart or skipped hearthcasts? 1. Have you ever had not guard to skipped hearthcasts? 1. Have you ever had not guard to skipped hearthcasts? 1. Have you ever had not guard to skipped hearthcasts? 1. Have you ever had not guard to skipped hearthcasts? 1. Have you ever had not guard to skipped hearthcasts? 1. Have you ever had not guard to skipped hearthcasts? 1. Have you ever had a saconanchelosing to skipped hearthcasts? 1. Have you ever had a saconanchelosing to skipped hearthcasts? 1. Have you ever had a head injury or concussion? 1. Have you ever had a head injury or concussion? 1. Have you ever had a head injury or concussion? 1. Have you ever had a head injury or concussion? 1. Have you ever had a head injury or concussion? 1. Have you ever had a stead of the pollure with the poly or was a current skin problems	hys		he tin	ne	of t	ne Physical Examination. Explain "Yes" answers at end of form. (RENT, AND PHYSICIAN ALL MUST SIGN THIS FORM	ircle	e	
Last check up or sports physical? 2. Have you been hospitalized overnight in the past year? 3. Have you had surgery in the past year? 4. Are you currently taking any prescriptions or non-prescriptioniover the counterly medication or pills or using an inhale? 5. Do you have any allergies or example, to pollen, blave you never passed out furting or after exercise? 6. Have you had surgery in the past year? 7. Have you ever been dizzy during or after exercise? 8. Have you had surgery in the past year? 8. Have you had any problems with your eyes or vision? 9. Are you missing any paired organs? 9. Have you ever had a series pair or paired and problems with your eyer or position (for example, may joints? 9. Have you ever had a hard minurgor after exercise? 19. Have you ever had a facing of your heart or selepted of heart problems or so fusiden unexpected death before age your paired paired. 19. Have you had any problems your fail are the facility of your paired paired. 19	he s	student, with the help of a parent or guardian, is	s to ar	ารเ	ver	he following questions:			
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19. Have you ever had a seizure? 20. Do you have frequent or severe headaches? 21. Have you ever had numbness or tingling in your arms, hands, legs, or feet? 22. Have you ever had a stinger, burner, or pinched nerve? 23. Have you ever become ill from exercising in the heat? 24. Have you ever gotten unexpectedly short of breath with exercise? 25. Do you cough, wheeze, or have trouble breathing 3 . How much time do you usually have from the start of one period to the start of another? 4 . How many periods have you had in the last year? 5 . What was the longest time between periods in the last year? Y / N Please list all prescribed medication taken by your child:		space provided)					Y		
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nerve? 23. Have you ever become ill from exercising in the heat? 24. Have you ever gotten unexpectedly short of breath with exercise? 25. Do you cough, wheeze, or have trouble breathing New Y / N Please list all prescribed medication taken by your child:		arms, hands, legs, or feet?	Y	1	N		Y		
heat? 24. Have you ever gotten unexpectedly short of breath with exercise? 25. Do you cough, wheeze, or have trouble breathing Y / N	22.		Y	1	N		Y		,
with exercise? 25. Do you cough, wheeze, or have trouble breathing Y / N		heat?	Y	1	N	Please list all prescribed medication taken by your child:			
25. Do you cough, wheeze, or have trouble breathing Y / N	24.	Have you ever gotten unexpectedly short of breath with exercise?	Y	1	N				
	25.	Do you cough, wheeze, or have trouble breathing	Y	1	N				
		<u> </u>					L		

Student Signature: Date: ____

Parent/Guardian Signature: Date: _____ Print Parent/Guardian Signature:

I have reviewed and acknowledge the information in this Medical History Form

Physician's or Authorized Examiner's Signature:

Date: ___

FRASSATI CATHOLIC HIGH SCHOOL PHYSICAL: EXAMINATION FORM

	Blood Pressure: % Corrected: Yes No Spinal	Body Fat (optional) Pupils: Equal Unequal Exam: Normal Referred						
MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS					
Appearance								
Eyes/Ears/Nose/Throat								
Lymph Nodes								
Heart-Auscultation of the heart in the supine								
Heart-Auscultation of the heart in the standing position								
Pulses								
Lungs								
Abdomen								
Genitalia (males only)								
Skin								
MUSCULOSKELETAL	_		_					
Neck								
Back								
Shoulder/Arm								
Elbow/Forearm								
Wrist/Hand								
Hip/Thigh								
Knee								
Leg/Ankle								
Foot								
CLEARANCE Cleared for Participation in Athletics Not cleared for Participation Reason: Recommendations and/or Restrictions: The following information must be filled in an Physician Assistant Examiners, or a Registered	nd signed by either a Phy	sician, a Physician Assistant licensed by						
Name (print/type):	c):Date of Examination:							
Address:	Phone Number:							
Signature		Title:						