

RETURN
TO
ATHLETIC
DIRECTOR

William S. Hart Union High School District

MEDICAL HISTORY TO BE COMPLETED BY PARENT/GUARDIAN BEFORE PHYSICAL EXAM

Name of Student-Athlete _____ Sex _____ Age _____ DOB _____

Grad. Yr. _____ School _____ Sport(s) _____

Check **Yes** or **No** (If "Yes" explain)

1. Has the student-athlete had a medical illness or injury since his/her last check up or sport physical? Y N

2. Is the student-athlete currently taking any prescription or nonprescription (over-the-counter) medication or using an inhaler? Y N

3. Does the student-athlete have any allergies (for example, pollen, medicine, food, or stinging insects)? Y N

4. Has the student-athlete ever had a seizure? Y N

5. Has the student-athlete ever become ill from exercising in the heat? Y N

6. Is there any pertinent medical information coaches or physicians should know about the student-athlete? Y N

7. Does the student-athlete wear glasses, contacts, or dental braces? Y N

Parent/Guardian Signature

Date