

# Vista del Lago High School Sports Participation Health History

**Please Print**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female (circle) Year of Graduation \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Circle the sport you are interested in playing

Football	Volleyball	Cross-Country	Cheerleading	Wrestling	Basketball
Tennis	Soccer	Skiing	Golf	Track	Softball
Baseball	Swimming				

**Part A: Health History**

**YES NO**

- |  |  |                          |                          |
|--|--|--------------------------|--------------------------|
| 1) Have you ever had an illness or injury that:  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Required you to stay in the hospital?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Lasted longer than a week?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is related to allergies? (e.g. hay fever, hives, bee sting)                           |  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Required an operation?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is chronic? (e.g. asthma, diabetes)   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you take medications or pills?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have any members of your family under age 50 had a heart attack or died unexpectedly? |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you ever been:   |  |                          |                          |
| a. Dizzy or passed out during or after exercise?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Unconscious or had a concussion?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Does running the 1/2 mile give you difficulty?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Do you:   |  |                          |                          |
| a. Wear glasses or contacts?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear dental bridges, plates, or braces?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Have you ever had a heart murmur, high blood pressure, or a heart abnormality?        |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Do you have any allergies to medicines?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Are you missing a kidney, lung, eye, or testicle?                                     |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Have you ever had severe arm or neck pain?   |  | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "YES" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11) What is the date (year) of your last tetanus booster? \_\_\_\_\_ **\*\*REQUIRED INFORMATION\*\***

- 12) Have you sprained, strained, dislocated or broken any of the following:
- |         |       |            |          |            |       |
|---------|-------|------------|----------|------------|-------|
| Neck    | Back  | Collarbone | Shoulder | Humerus    | Elbow |
| Forearm | Wrist | Hand       | Pelvis   | Hip        | Thigh |
| Knee    | Leg   | Ankle      | Foot     | Chest/Ribs |       |

*I hereby state the answers on this form are correct to the best of my knowledge.*

*Signature of athlete* \_\_\_\_\_ *Date:* \_\_\_\_\_

*I agree with the history and give my permission for an examination.*

*Parent Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

# Vista del Lago High School

## Sports Participation Health History

**Students Name:** \_\_\_\_\_

Part B: Physical Exam Record (to be filled out by Physician)

### PHYSICAL EXAMINATION RECORD

Height \_\_\_\_\_ inches

Weight \_\_\_\_\_ pounds

BP \_\_\_\_\_ / \_\_\_\_\_

Vision: right \_\_\_\_\_

left \_\_\_\_\_

Pulse \_\_\_\_\_

CORE EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a) Eyes _____			
b) Ears, nose throat _____			
c) Mouth, teeth _____			
d) Neck _____			
e) Cardiovascular _____			
f) Chest, lungs _____			
g) Abdomen _____			
h) Skin _____			
i) Genitalia, hernia _____			

ORTHOPEDIC EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a) Neck _____			
b) Spine _____			
c) Shoulders _____			
d) Arms, elbows _____			
e) Forearm, wrists, hands _____			
f) Hips, thighs _____			
g) Knees, legs _____			
h) Ankle, feet _____			
i) Flexibility _____			

Abnormalities found in the history and physical that need further assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RECOMMENDATIONS

- Approved for full participation
- Needs to have the above abnormalities cleared before participation.
- Disqualified or limited in the following sports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Folsom Cordova Unified School District  
Vista del Lago Athletic Physical Form**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Sex: M F

Legal Name (if different from above) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Name of \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Father Stepfather Guardian** (Circle one)

Cell Phone: \_\_\_\_\_

Name of \_\_\_\_\_ Business Phone \_\_\_\_\_

**Mother Stepmother Guardian** (Circle one)

Cell Phone \_\_\_\_\_

Student Health Concerns \_\_\_\_\_ Allergies \_\_\_\_\_

Long Term Medication: \_\_\_\_\_

**To Parent or Guardian:** All students participating in interscholastic events must have a medical physical, proof of insurance coverage, and parental permission for participation and emergency care.

1. **Physician's Statement:** I hereby certify that this student was examined by me and found physically fit to engage in athletic contests during the \_\_\_\_\_ - \_\_\_\_\_ school year.

\_\_\_\_\_  
**Physician's Signature** **Date**

**2. Parent Permission:**

a. **Emergency Care:** In case of an accident or sudden illness, when a parent or guardian is unavailable, I authorize a school representative to obtain medical care for my child, including necessary transportation in accordance with their best judgment. I agree to pay all costs incurred as a result of the foregoing.

b. **Insurance Coverage:** The insurance coverage required by the Education Code includes insurance protection for medical and hospital expenses resulting from accidental bodily injury in an amount of at least \$1,500.00 for all such services. I declare that my son/daughter is insured in accordance with the Education Code through the following insurance company:

\_\_\_\_\_  
**Name of Insurance** **Company Policy Number**

I declare that I will maintain this insurance and will notify, in writing, if the policy is cancelled or is in default.

c. **Activity Permission:** I give my consent for my son/daughter to compete in sports and go on away trips with school representatives. *Nature of Activity:* Athletic Contests *Date of Activity, Time of Departure & Return, Destination:* As Scheduled *Means of Transportation:* District owned vehicle or Faculty owned vehicle.

\_\_\_\_\_  
**Signature of Parent or Guardian** **Date**

Please indicate activities in which student will participate:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_