

Park junior high school

School District 102 • 325 North Park Rd. • LaGrange Park, IL 60526 • 708-482-2500 • Fax 708-352-1170
 Mr. Philip A. Abraham, Principal • Mr. Joe Gage, Assistant Principal

Name: _____ Birthdate: _____ Sex: _____ Grade: _____

Address: _____

Medical history must be completed prior to physical exam

General Medical Questions	Y	N	Orthopedic Questions	Y	N
Have you ever been hospitalized overnight?			Have you ever sustained an injury/illness that required you to miss practices or games for more than 2 days?		
Have you ever had any surgery?			Have you ever had an injury to your neck?		
Have you had any serious injuries or accidents?			Have you ever had an injury to your shoulder?		
Are you taking any medication?			Have you ever had an injury to your chest?		
Any Allergies to medicine, food, or bees?			Have you ever had an injury to your arm?		
Have you had any severe allergic reactions?			Have you ever had an injury to your elbow?		
Any serious illnesses among your immediate family?			Have you ever had an injury to your forearm?		
Has any family member died of heart disease under 40 years old?			Have you ever had an injury to your wrist?		
Do you have any history of high blood pressure?			Have you ever had an injury to your hand?		
Have you ever had a heart murmur or rheumatic fever?			Have you ever had an injury to your thumb?		
Have you ever passed out during exercise?			Have you ever had an injury to your finger?		
Do you ever feel a racing heart or skipped beats?			Have you ever had an injury to your back?		
Do you get short of breath with minimal exercise?			Have you ever had an injury to your hip?		
Do you have any history of asthma or wheezing?			Have you ever had an injury to your pelvis?		
Have you ever sustained a head injury or concussion?			Have you ever had an injury to your thigh?		
Have ever been "knocked out"?			Have you ever had an injury to your groin?		
Have you ever had seizures or convulsions?			Have you ever had an injury to your knee?		
Do you ever get numbness or tingling?			Have you ever had an injury to your kneecap?		
Do you have any abnormal weaknesses?			Have you ever had an injury to your leg?		
Do you have any deformities or birth defects?			Have you ever had an injury to your ankle?		
Are you bothered with frequent headaches?			Have you ever had an injury to your foot?		
Do you have any skin problems?			Have you ever had an injury to your toe?		
Have you ever had diabetes or low blood sugar?					
Have you ever had hepatitis, yellow jaundice, or liver disease?					
Have you ever had kidney or urinary problems?					
Have you ever had abdominal or bowel problems?					
Have you ever had anemia, blood or bleeding problems?					
Are you missing any organs?					
Do you have any dental bridges, plates or braces?					
Have you ever had any eye problems or injuries?					
Do you have any chronic ear problems or hearing loss?					

Explain any "Yes" answers:

To the best of my knowledge, my answers to the above are correct.

Signature of Athlete: _____ Signature of Parent/Guardian: _____ Date: _____

MEDICAL HISTORY AND PHYSICAL EXAM FORM FOR SPORTS

Name: _____ Birthdate: _____ Sex: ____ Grade: ____

Address: _____

Physical Exam

Blood Pressure: _____ Height: _____ Weight: _____ Pulse: _____

General Exam	N	A	Comments	Neuro. & Orthopedic Exam	N	A	Comments
General Appearance (Nutrition)				Neurologic			
Head				Neck			
Eyes (Pupils, Reaction, EOM)				Shoulder			
Ears (EACs, TMs)				Elbows			
Nose				Wrists			
Oropharynx				Hands			
Neck				Hips			
Lymphatics			(Physician's Initials)	Knees			
Chest				Ankles			
Heart				Spine/Scoliosis			(Physician's Initials)
Lungs				Other:			
Abdomen							
Organomegaly			(Physician's Initials)				
Male Genitalia Tanner							
Male Hernia							
Other:			(Physician's Initials)				

Sign-Off

Full Participation

Limited Participation

No Participation – Requires: _____

Comments:

Physician: _____

Signature: _____

Address: _____

Phone: _____

Date: _____