

(Please Print)

HEALTH & SPORTS PHYSICAL EXAMINATION FORM

(circle one)

Student's Name: _____ DOB: _____ Sex: M / F

Parent or Guardian Name(s): _____

Address (City) Zip: _____

Home Phone: _____ Parent/Guardian's Day Phone: _____

INSURANCE is mandatory for anyone participating in athletics, including cheerleading. RHBS does not carry health or accident insurance for extracurricular activities. 24-hour coverage for students participating in school events may be purchased through ACSI. Forms available in school office.

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED

NOTIFY: _____ PHONE #: _____

FAMILY PHYSICIAN: _____ PHONE #: _____

INSURANCE CO.: _____ POLICY #: _____

ALLERGIES: _____ MEDS. BEING TAKEN: _____

Please mark Yes or No. Explain "Yes" answers below.

- 1. During the past 12 months has student (circle one)
a. been hospitalized? Yes No
b. had any injuries requiring medical attention? Yes No
c. been ill lasting more than one week? Yes No
2. Is student currently taking any prescribed medication and/or under a physician's care? Yes No
3. Are you aware of any reason(s) this student should be limited or kept from participating in any athletic activity? Yes No
4. Has student ever:
a. passed out, been dizzy or had chest pain during or after exercise? Yes No
b. had high blood pressure? Yes No
c. experienced heart palpitations, skipped heartbeats or been told of having a heart murmur? Yes No
5. Has any family member or relative died of heart problems or of sudden death before age 50? Yes No
6. Has a physician ever denied or restricted this student from participating in sports due to heart problems? Yes No
7. Has student ever had a concussion, been knocked out, experienced memory loss, and/or had a seizure (convulsion)? Yes No
8. Does student have asthma? Yes No
9. Does student use an inhaler? Yes No
10. Does student cough, wheeze, or have trouble breathing during or after activity? Yes No
11. Does student have any allergies (pollen, medicine, food, stinging insect, etc.)? Yes No
12. Is student missing any paired organs (eye, kidney, etc.)? Yes No
13. Has student ever: (please indicate location on body to which injury occurred (on dotted line)
a. had a sprain, strain, or swelling after an injury? Yes No
b. broken or fractured any bones or dislocated any joints? Yes No
c. had any problems with pain or swelling in muscles, tendons, bones, or joints? Yes No
14. Does student use any protective or corrective appliances such as glasses, contact lenses, braces, retainer, plate or bridge, etc? Yes No
15. Has student ever been diagnosed with diabetes? Yes No
16. Has student ever been diagnosed with any type of blood disorder? Yes No
17. Has student ever had chicken pox? If yes, indicate month and year. Yes No
18. What year was last tetanus booster given? _____

RHBS requires a copy of student's most current IMMUNIZATION RECORD. Please update your child's immunizations and submit a copy of the record to the school office.

Please explain any "Yes" answers from above: _____

FAMILY MEDICAL HISTORY: ___ Diabetes ___ Heart Disease/Disorder ___ Seizure Disorder ___ Neurological Disorder

___ Blood Disorder ___ Kidney Disorder ___ Hypertension ___ Other : (list) _____