THREE RIVERS CHRISTIAN SCHOOL
ATHLETE HISTORY AND PHYSICAL CARD

Grade In School Next Year: _____ Male ( ) Female ( )

Name: _____
Last First Middle

Address: _____ Phone: _____

Grade: _____ Birthdate: ___/___/___ Birthplace: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules or regulations of the school or state associations.

Student's Signature:_____

Participation in any athletic activity will likely involve injury of some type to either yourself or a fellow athlete. Such injury can include direct physical and possibly crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

PARENT'S OR GUARDIAN'S PERMISSION

Do you give permission for this student to take a physical examination from a school selected physician?
Yes _____ No _____

Do you give your permission for a doctor to administer treatment to your child and to inform school officials the nature of the injury? Yes _____ No _____

It is the parent's responsibility to notify the school any time a medical problem occurs that would affect the health of the student as he/she participates in athletics.

ATHLETIC INSURANCE INFORMATION

All interscholastic athletes must be covered by medical insurance provided by the parent or guardian. The above-named student will be covered in one of the following way (please check one):

_____ Complete coverage with personal insurance- Name of Company:_____

_____ School insurance plan (to be purchased at school)

_____
Name of Family Physician Address Phone

PARENT OF GUARDIAN APPROVAL

I have read and completed all the sections of this card,(front and back) and all statements are true to the best of my knowledge. I hereby give my consent for the above named student to engage in school and state association approved athletic activities as a representative of his/her school. I also give my consent for this student to accompany the team when it travels to other schools.

_____ _____
Signature of parent/guardian Date

STUDENT HISTORY AND PHYSICAL

Office use only: Height_____ Weight _____ Urinalysis _____ Blood Pressure _____

Parent/Guardian/Athlete- Please answer all questions

GENERAL	CIRCLE ONE BELOW	
1. Do you have any allergies (medicine, bees, or other stinging insects)?	YES	NO
2. Have you ever been hospitalized?	YES	NO
3. Have you ever had surgery?	YES	NO
4. Are you presently taking any medication or pills?	YES	NO
5. Do you have any skin problems (itching, rashes, acne)?	YES	NO
6. Have you had any other medical problems (asthma, diabetes, etc)?	YES	NO
7. Have you had a medical problem or injury since your last evaluation?	YES	NO

Explain "Yes" answer:_____

_____

_____

HEART/LUNG		
1. Have you ever passed out during or after exercise?	YES	NO
2.Have you ever been dizzy during or after exercise?	YES	NO
3. Have you ever had chest pain during or after exercise?	YES	NO
4. Do you tire more quickly than your friends during exercise?	YES	NO
5. Have you ever had high blood pressure?	YES	NO
6. Have you ever had or been told you have a heart murmer or rhuematic fever?	YES	NO
7. Have you ever had racing of your heart or skipped heartbeats?	YES	NO
8. Has anyone in your family died of heart problems or a sudden death before age 50?	YES	NO
9. Have you ever had heat or muscle cramps?	YES	NO
10. Have you ever been dizzy or passed out	YES	NO
11. Do you have trouble breathing or do you cough during or after activity?	YES	NO

Explain "Yes" answers:_____

_____

_____

EARS & EYES		
1. Have you ever had any problems with your eyes or vision?	YES	NO
2. Do you wear glasses, contacts, or protective eye wear?	YES	NO
3. Do you have a known hearing loss?	YES	NO

Explain "Yes" answers:_____

_____

MUSCULO-SKELETAL/NEUROLOGICAL		
1. Have you ever had a head injury?	YES	NO
2. Have you ever been knocked out or unconscious?	YES	NO
3. Have you ever had a seizure?	YES	NO
4. Have you ever sprained/strained, dislocated, fractured or had repeated swelling or other injuries of any bones, muscles or joints?	YES	NO

☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee

☐ Chest ☐ Forearm ☐ Shin/Calf ☐ Back ☐ Wrist ☐ Ankle

☐ Hip ☐ Hand ☐ Foot

Explain "Yes" answers:_____

HERNIA/REPRODUCTIVE

QUESTIONS FOR FEMALES ONLY

1. At what age was your first menstrual period?_____
2. When was your last menstrual period?_____
3. What was the longest time between your periods last year?_____

ABDOMEN		
1. Have you ever had abdominal surgery or problems?	YES	NO
2. Have you had hepatitis or mononucleosis?	YES	NO

Explain:_____

I certify that I have, on this date, examined the above named student and recommend him/her as being physically able to participate in supervised activities except as indicated below.

Limitations and restrictions:_____

Date:_____ Examining Physician:_____