

20 ____ - 20 ____ HUSD SPORTS PHYSICAL PACKET

Last Name First Name Middle **M / F** **Grade** _____ **Birth Date** ____ / ____ / ____

Student ID Number: _____ **Home Address** _____ **City/Zip Code** _____

Have you played sports OR attended high school at another school **YES** **NO** If Yes, Name of School _____

Parent/Guardian's Name: _____ **Contact Number (_____)** _____

Emergency Contact: _____ **Relationship:** _____ **Contact Number (_____)** _____

Check the appropriate box and provide your Health Insurance information below.

- I have health or accident insurance for my student that meets the requirements of CA laws & elect not to purchase student school insurance. I will promptly notify the school in the event the insurance coverage no longer applies to my student.
- I have purchased Pacific Educators student insurance which meets the CA Ed Code Section 32221 required to made available by public schools. I will promptly notify the school in the event the insurance coverage no longer applies to my student.

MUST SUPPLY BOTH

Health Insurance Company Name

Policy/Group Number/ID#

Parent /Guardian Consent: I do hereby authorize a school/sports physical. I understand that this a pre-season sports physical screening exam. It is not a comprehensive exam and is not intended to provide treatment or create a physician/patient relationship. I understand that athletic participation comes with risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended that it is my responsibility to seek care from an appropriate provider. I certify that I am the parent/legal guardian for this athlete/minor. In addition I authorize the student to go with and be supervised by a representative of H.U.S.D on any trips. In case the student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. I understand the above information.

X _____
Parent/Guardian Signature

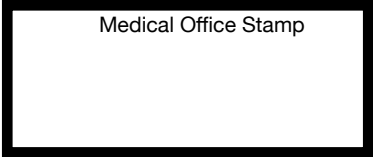
Date

X _____
Student Signature

PHYSICAL EXAM TO BE COMPLETED BY medical examiner:

Medical Examiner's Signature: _____ **Date** _____

Title _____ **State License #** _____



IMPRESSION Qualified/Fit for sports? **YES** or **NO** **REFERRED** to family physician for evaluation? **YES** or **NO**

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

	Normal	Abnormal Findings		Normal	Abnormal Findings
Chest			Heart		
Lungs			Throat		
Genitalia/Hernia			Ears		
Mouth/Teeth			Nose		
EOM's			Eyes/Pupils/Vision		
Neck			Back		
Shoulder			Elbow		
Wrist/Hands			Feet/Ankles		
Hips			Knees		
ALLERGIES			MEDICAL CONDITIONS		

History - to be completed PRIOR to physical exam	YES	NO
Has a physician ever DENIED or RESTRICTED your participation in sports for any reason?		
Have you ever had a medical illness/injury since your last athletic physical/check up?		
Do you have any medical concerns: diabetic, migraines, asthma, anxiety, sickle cell, mononucleosis?		
Have you ever had surgery?		
Have you ever been hospitalized overnight?		
Have you sprained/strained, tendonitis, broken, fractured, dislocated or other injuries to any bone/joints?		
Have you had an injury that required x-rays, MRI, CT, surgery, injections, rehab, physical therapy, brace, cast or crutches? If yes to the above 2 questions please explain:		
Are you currently taking any medications, pills, or supplements?		
Do you use an inhaler?		
Do you have any allergies, medications, food, or stinging insects?		
Have you ever passed-out DURING or AFTER exercise?		
Have you ever been dizzy DURING or AFTER exercise?		
Have you ever had discomfort, pain or pressure in your chest DURING or AFTER exercise?		
Have you ever had a racing heart or skipped heartbeats?		
Have you ever had high blood pressure or high cholesterol?		
Have you ever been told you have a heart murmur?		
Has anyone in your family died of heart problems or a sudden death before age 50? Or have Marfan syndrome?		
Have you ever had a head injury/concussion?		
Have you ever been knocked unconscious?		
Have you ever had a seizure?		
Have you ever had a stinger, burner, or stinger		
Do you have any skin problems? (rash, acne, fungus)		
Explain "YES" answers:		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature _____ Parent/Guardian Signature _____ Date _____