ATHLETIC DEPARTMENT ST. JOSEPH BY-THE-SEA HIGH SCHOOL HEALTH AND MEDICAL RECORD

ST. JOSEPI	LETIC DEPAR H BY-THE-SEA F H AND MEDICA	HIGH SCHOOL			
		L RECORD Zame			
Name		Date of Birth			
Address					
City	State	Zip Code			
Team/Level					
In case of emergency, notify:		First			
Name	Relationship				
Address					
Home Phone	Work Phone				
Other person to contact:		7			
Name	Phone	Middle			
	HEALTH HISTOR	<u>Y</u>			
Have you had: (Mark "past" or "not" or leave	ve blank)				
Sinus trouble Asthma Rheumatic Fever Earache/In Epilepsy Tuberculos Kidney disease Heart Trou Hay Fever Severe sto	sis	Frequent diarrhea Fainting spells Diabetes For girls: Menstrual problems			
Other allergies or reaction to any medicatio	n?				
Do you tire easily?					
Do you get out of breath easily?					
Have you had more than a brief minor illnes	ss or injury during the pas	st year?			
If so, what?					
Any condition now requiring regular medica	ation or treatment?				
Operations or serious injuries (dates)					
Any restriction of activity for medical reason	ns?	ed III			
Explain:					
Parents' Authorization: This health history is correct so far as I is in all prescribed activities, except as noted emergency, I hereby give permission to the to hospitalize, secure proper anesthesia, or	l by me and the physician e physician/medical facility	y selected by the school/coach in charge			
Signature	(Parent / Guardiar	Date			
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MEDICAL EVALUATION

TO BE FILLED IN BY A PHYSICIAN

PHYSICAL EXAMINATION:	NORMAL		NORMAL	
Height		Lungs Heart Abdomen Genitalia Extremities Posture (Spine) Skin		Urinalysis: Sugar? Albumin? Blood Pressure If indicated: Blood Count Chest Plate Tuberculin Test
Blood Type:				
General Appraisal				
I certify that I have today reviet participate in: Baseball Basketball Bowling Cheerleading Football Golf Ice Hockey Recommendations and/or resident			Lacrosse Soccer Softball Swimming Tennis Track Volleyball Wrestling	and find him/her physically fit to
PHYSICIAN'S SIGNATURE:				
DATE				
SIGNATURE				
TELEPHONE((<u>)</u>	NI	IMBER	
ADDRESS				
CITY & STATE				
			ZIP	
		Return th	nis form on	

Return this form on Orientation Day in June