



Health History Questionnaire and Physical Exam

II. PHYSICAL EXAM

Student Name: _____

DOB: _____

Height:	Weight:	Pulse:	BP:
MEDICAL		Normal	Abnormal
General Appearance			
Eyes/Ears/Nose/Teeth			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Hernia (males only)			
Menses (females only)			
Neurological			
Skin			
MUSCULOSKELETAL		Normal	Abnormal
Neck			
Back/Spine			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Feet/toes			

Cleared for full participation

Not cleared for participation

Able to participate with the following limitations: _____

Recommendations/Comments: _____

I have examined the above-named student and completed the pre-participation physical evaluation.

Licensed Healthcare Practitioner Signature _____ Date _____

PHYSICIAN'S CLEARANCE – Physician/Medical Facility Official Stamp/Name/Date is Required on this form or attach separate medical form/letter from medical office



Health History Questionnaire and Physical Exam

I. HEALTH HISTORY: This form is to be completed by student and parent prior to physical exam

Name:	DOB:	Sex:
School:	Grade:	Sport(s):

MEDICATIONS Please list all of the prescription and over-the-counter medications that you are currently taking (Include inhalers, vitamins, supplements and herbal remedies) _____

ALLERGIES Do you have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please identify specific type: <input type="checkbox"/> Food <input type="checkbox"/> Insect stings <input type="checkbox"/> Medicine <input type="checkbox"/> Pollen <input type="checkbox"/> Other
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Date of Last Tetanus Immunization (required every 10 years): _____

GENERAL HEALTH Explain "Yes" answers in the space provided at the bottom of the page

Have you ever had or do you currently have any of the following:	YES	NO
Head injury, concussion, loss of consciousness during exercise?		
Back or neck problems, curvature of the spine, corrective orthopedic devices?		
Problems with foot, knee or other joints?		
Numbness, tingling in extremities, pinched nerve?		
Sprain, strain or other muscle injury?		
Broken or fractured bones, dislocated joints?		
Diabetes, hypoglycemia or excessive thirst?		
Lung problems, asthma, allergies, wheezing with exercise?		
Anemia, leukemia or any type of blood disorder		
Seizures, epilepsy?		
Headaches, dizziness or fainting spells		
Enlarged spleen or liver?		
Chronic viral infection?		
Eczema, hives, rashes, MRSA or other skin problems?		
Mental illness?		
Drug and/or alcohol addiction?		
Kidney issues, hernia or testicle problems?		
Eye injury, eye surgery, eye disease?		
Wear glasses, contacts, hearing aids, dentures or dental appliances (bracer, retainer)		
Eating disorder, unexplained weight loss/gain, other weigh issues?		
Heat exhaustion, heat stroke or other heat related illness?		
Any other chronic health conditions not already mentioned?		
Been hospitalized or had surgery within the past year?		
Do you know of any reason why you should not participate in sports?		

HEART HEALTH

Has a doctor ever told you that you have a murmur, high blood pressure, rheumatic fever, heart infection or other heart problem?		
Have you ever passed out, been dizzy, or had chest pain while exercising?		
Have you ever had racing of your heart or skipped heartbeats?		
Has any family member died of heart problems or had an unexpected sudden death before the age of 50?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		

Explain "YES" answers here: _____

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 _____



RJUHSD PARENT CONSENT, INSURANCE, AND EMERGENCY CONTACT INFORMATION

NOTE: STUDENTS ARE NOT TO ENGAGE IN ANY PRACTICES OR GAMES UNTIL ALL PARTS OF THE FOLLOWING FORMS ARE COMPLETED AND CLEARED.

RISK WARNING: IT IS IMPOSSIBLE TO TOTALLY ELIMINATE ALL INJURIES FROM COMPETITIVE ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, promptly reporting all physical problems/injuries to their coaches, following a proper conditioning program, and inspecting their own equipment daily. **DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY.** No athlete who has sustained a severe injury will be allowed to return to practice or competition without permission of the student's physician.

Last Name _____ First Name _____ Sex: F M DOB _____ Age _____

Address _____ Phone _____

Personal Physician _____ Phone _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____

Emergency Contact _____ Phone (H) _____ Phone (W) _____

Grade _____ Sports You Intend Play: Fall _____ Winter _____ Spring _____

High Schools Attended (other than Antelope) in last 12 months _____

Please list any/all allergies: _____

PROOF OF INSURANCE: California law (Education Code Section 32221) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic team, athletic event, including drill and cheerleaders, team mascots, team managers, statisticians, etc., to possess accidental bodily insurance providing at least \$1500 of scheduled medical and hospital benefits.

I/We have purchased accident insurance through the school as shown below:

____ Tackle football insurance (covers tackle football only) ____ 24-Hour insurance (covers sports other than football)

____ School time insurance (covers sports other than football) ____ Student Health Care Plan

OR

I/We have health or accident insurance for my son/daughter, which meets the requirements of California law, and elect not to purchase student insurance through the school. List company name and group or policy number.

Insurance Company Name Group or Policy Number

I/WE WILL PROMPTLY NOTIFY THE SCHOOL IN THE EVENT INSURANCE COVERAGE NO LONGER APPLIES TO MY SON/DAUGHTER.

The parents/guardians of the athlete below hereby give permission for their son/daughter to travel to school sponsored athletic events on district provided transportation. I/We also give permission for my child to ride as a passenger in a vehicle driven by another parent or coach. I/We acknowledge and understand that the Roseville Joint Union High School District may not provide transportation to all school sponsored athletic events. I/We understand and acknowledge that Education code Section 35330 provides that all persons participating in the school-related trip shall be deemed to have waived all claims against the District or State of California for injury, accident, illness or death occurring during or by reason of the trip. I/We also understand that the Roseville Joint Union High School District will not be held liable for medical services, hospital services, or accident insurance.

In case of medical emergency, illness or injury, I/We give permission to school district personnel to transport my son/daughter to a medical facility to receive emergency treatment.

I/We acknowledge that the above insurance information is accurate, and that I/we will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

I/we have read and understand the information in the athletic injury warning of this athletic clearance form. I/We have read and understand, without question, the rules of the RJUHSD Athletic Handbook.

I/We hereby give my consent for my son/daughter to compete in interscholastic athletics in the Roseville Joint Union High School District.

Mother/Father/Guardian's Name (Please Print) Mother/Father/Guardian Signature Date

Student's Name (Please Print) Student Signature Date