

MIDDLETOWN CITY SCHOOLS – PRE-SPORTS HEALTH HISTORY
This form must be completed by the parent & returned to the Health Office.

STUDENT'S NAME: _____ **DOB** _____ **GRADE** _____
SPORT _____ **SCHOOL** _____

GENERAL MEDICAL HISTORY (to be completed by parent or guardian)

Indicate if your child or family member have or had the following illnesses or conditions by marking **(S)** for student, **(F)** for family (sibling or parent), **(B)** for both or **(NA)** if not applicable in the appropriate box. Please include dates.

Asthma		Heart Disorder	
Respiratory disorder		Diabetes	
Anemia (including sickle cell trait or disease)		History of fainting or dizziness	
High Blood Pressure		Life Threatening Allergy	
Absence of paired organ (eye, kidney)		Concussion Number____	
Sudden death in family member under age 50		Frequent or severe headaches	
Epilepsy or convulsive disorder		Kidney/Genitourinary disorder	
Osteoporosis/Osteopenia		Heat stroke	
Gastrointestinal Disorder		Mononucleosis	

If **YES** to any of the above, please explain _____

Allergies: _____ Does your child wear glasses or contact lenses for sports? _____

Regular Medications: _____ Reason _____

Has your child ever been hospitalized? _____ Why? _____

Has your child ever been denied athletic participation for medical reasons? _____ If yes, explain _____

ORTHOPEDIC HISTORY (to be completed by parent or guardian)

Include any major musculoskeletal injury to the following areas: include sprains, dislocation, fractures, and surgery.

Area	Right	Left	Date	Injury – describe
Foot				
Ankle				
Lower leg				
Thigh				
Hip				
Spine				
Shoulder				
Upper Arm				
Forearm				
Wrist				
Hand				
Head				
Neck				
Other				

Does your child have any other type of illness, injury, or condition that is being monitored by doctor? If yes, please explain _____

_____ **My child will have their sports exam with their own healthcare provider.**

_____ **Please schedule my child's sports exam with Middletown School District's Family Nurse Practitioner.**

I declare the above information to be accurate and a true reflection of my child's physical condition.

Parent or Guardian's Signature _____ Date: _____

MIDDLETOWN SCHOOL DISTRICT
PHYSICAL EXAM FOR SPORTS PARTICIPATION

Name _____ Grade _____ School _____ Sport _____

Height _____ Weight _____ Blood Pressure _____ Date of last tetanus _____

Vision without glasses: R: _____ L: _____ with glasses/contacts: R: _____ L: _____

Auditory: R: _____ L: _____ Urine: (if indicated) protein _____ sugar _____ other _____

EXERCISE TOLERANCE TESTING: resting pulse _____ pulse after one minute of exercise (jumping jacks) _____ pulse after two minutes of rest _____

Exam Findings: (check one)	Normal	Not examined	Other (describe)
General body build			
Head & Neck			
Skin & Scalp			
Eyes			
Ears			
Nose & Sinuses			
Teeth/Orthodontic			
Mouth & Throat			
Lungs & Chest			
Heart			
Abdomen			
Hernia			
GU/Tanner stage			
Neurological			
Speech			

Orthopedic Screening: ROM/Stability	Normal	Other (describe)
Ankle/Foot		
Knee/Lower Leg		
Shoulder		
Wrist/Elbow		
Hip/Spine		

Scoliosis _____ Hamstring (Fingertip distance from the floor) _____ inches

Clinical Findings/Treatment Plan _____

This student is cleared to participate in (please check category):

_____ All sports, including contact/collision _____ Limited contact/impact sports

_____ Strenuous non-contact sports _____ Non-contact/non-strenuous sports

Date of Examination _____ Health Care Provider _____