



# MOTHER TERESA

of Calcutta Catholic School \* Lutz, FL

## STUDENT SPORTS PHYSICAL HISTORY FORM

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

Physician \_\_\_\_\_

Sports \_\_\_\_\_

FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW

	YES	NO
1. Has the above student ever been hospitalized? Has the above student ever had surgery?	_____	_____
2. Is the above student presently taking medication?	_____	_____
3. Does the above student have any allergies (meds., bees)?	_____	_____
4. Has the above student ever passed out during exercise?	_____	_____
5. Has the above student ever been dizzy during exercise?	_____	_____
6. Has the above student ever had chest pain?	_____	_____
7. Does he/she tire quicker than his/her friends during exercise?	_____	_____
8. Has the above student ever had high bloodpressure?	_____	_____
9. Has the above student ever been told he/she has a heart murmur?	_____	_____
10. Has the above student ever had a racing heart or skipped beat?	_____	_____
11. Has anyone in your family died of heart problems or sudden death before age 40?	_____	_____
12. Does the above student have any skin problems? (Itching, Moles, Breaking Out)	_____	_____
13. Has the above student ever had a head injury?	_____	_____
14. Has the above student ever been knocked out?	_____	_____
15. Has the above student ever had a seizure?	_____	_____
16. Has the above student ever had a stinger or burner?	_____	_____
17. Has the above student ever injured (sprained, dislocated, fractured, etc.)	_____	_____
_____ Hand _____ Shoulder _____ Thigh _____ Wrist		
_____ Neck _____ Knee _____ Forearm _____ Chest		
_____ Shin/Calf _____ Elbow _____ Back _____ Ankle		
_____ Arm _____ Hip _____ Foot		
18. Has the above student ever had heat cramps?	_____	_____
19. Has the above student ever had:		
Mononucleosis _____ Diabetes _____		
Hepatitis _____ Headaches _____		
Asthma _____ Eye Injuries _____		
Tuberculosis _____ Stomach Ulcer _____		
20. Does the above student use special pads or braces?	_____	_____
21. When was the above student's last tetanus shot?	_____	_____

Explain "YES" answers here:

\_\_\_\_\_  
\_\_\_\_\_