**MEDICAL HISTORY AND PHYSCIAL EXAMINATION**

Our Savior Lutheran School
5000 W. Tidwell
Houston, TX 77091
(713) 290-8277

This form must be completed and filed in the school office **BEFORE** a student may take part in interscholastic athletics. This includes tryouts or practices.

**Valid one year from date signed.**

Student's Name_____ Date of Birth _____Grade _____

***Medical History** – to be completed by parent or guardian. Does student have a previous history of:

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| 1. Bleeding tendencies | ___ | ___ | 13. Contact lenses / glasses | ___ | ___ |
| 2. Head injuries, seizures, unconsciousness, concussion | ___ | ___ | 14. Is student taking medication regularly? | ___ | ___ |
| 3. Asthma | ___ | ___ | If YES, specify name of drug and illness requiring such drug. _____ | | |
| 4. Hernia | ___ | ___ | | | |
| 5. High blood pressure | ___ | ___ | 15. Now under a physician's care? | ___ | ___ |
| 6. Tuberculosis | ___ | ___ | 16. Has had tetanus? | ___ | ___ |
| 7. Sickle Cell Anemia | ___ | ___ | Date_____ Booster required every 10 years | | |
| 8. Kidney disease and/or injury | ___ | ___ | 17. Allergies | ___ | ___ |
| | | | 18. Neck Injury | ___ | ___ |
| 9. Kidney, Lung, Testicle or Eye removed or non-functioning | ___ | ___ | 19. Bone and/or joint injury or disease | ___ | ___ |
| | | | 20. Heart disease | ___ | ___ |
| 10. Hepatitis | ___ | ___ | 21. Diabetes | ___ | ___ |
| 11. Rheumatic Fever | ___ | ___ | 22. Emotional/psychological problems? | ___ | ___ |
| 12. Skin disease | ___ | ___ | | | |
| | | | 23. Surgery? | ___ | ___ |

Explain any YES answer_____

_____

***Physical Examination** – to be completed and signed by physician.

Height _____ Weight _____ Blood Pressure_____

| | NORMAL | ABNORMAL | | NORMAL | ABNORMAL |
|---|---|---|---|---|---|
| Skin | _____ | _____ | Abdomen | _____ | _____ |
| Head, Neck | _____ | _____ | Spine | _____ | _____ |
| EENT | _____ | _____ | Extremities | _____ | _____ |
| Heart | _____ | _____ | Joint Function | _____ | _____ |
| Lung | _____ | _____ | Genitalia | _____ | _____ |

Dental: cavities, bridges, false teeth, other _____

Explain any abnormal findings _____

_____

I certify that on this date, I have examined the above student as indicated by the items checked and recommend him/her as being physically able to participate in supervised athletic activities as checked below.

_____ All Sports _____Sports Other Than _____ _____ May Not Participate _____

**Physician Signature** _____ **Date** _____