



HINSDALE/CLARENDON HILLS MIDDLE SCHOOL MEDICAL HISTORY AND PHYSICAL EXAM FORM FOR SPORTS

Name: _____ Birthdate: _____ Sex: _____ Grade: _____

Address: _____

Medical History must be completed prior to Physical Exam

General Medical Questions	Yes	No	ORTHOPEDIC QUESTIONS
Have you ever been hospitalized overnight?			Have you ever sustained an injury/illness that required you to miss practices or games for more than two days? Yes No
Have you ever had any surgery?			
Have you had any serious injuries or accidents?			Neck
Are you taking any medication?			Shoulder
Do you have any allergies to medicine, food or bees?			Chest
Have you had any severe allergic reactions?			Arm
Any serious illnesses among your immediate family?			Elbow
Has any family died of heart disease under 40 years old?			Forearm
Do you have any history of high blood pressure?			Wrist
Have you ever had a heart murmur or rheumatic fever?			Hand
Have you every passed out during exercise?			Thumb
Do you ever feel a racing heart or skipped beats?			Finger
Do you ever get short of breath with minimal exercise?			Back
Do you have any history of asthma or wheezing?			Hip
Have you ever sustained a head injury or concussion?			Pelvis
Have you been "knocked out"?			Thigh
Have you ever had seizures or convulsions?			Groin
Do you ever get numbness or tingling?			Knee
Do you have any abnormal weakness?			Kneecap
Do you have any deformities or birth defects?			Leg
Are you bothered with frequent headaches?			Ankle
Do you have any skin problems?			Foot
Have you ever had diabetes or low blood sugar?			Toe
Have you ever had hepatitis, yellow jaundice, liver disease?			Males Only:
Have you ever had kidney or urinary problems?			Do you have any problem with your penis, scrotum, or testicles?
Have you ever had abdominal or bowel problems?			Do you have a hernia, rupture or bulging of abdomen?
Have you ever had anemia, blood or bleeding problems?			Have you ever had a sexually transmitted disease?
Are you missing any organs (i.e. kidney, testicle, eye, etc.)?			Females Only:
Do you have any dental bridges, plates or braces?			At what age did you have your first menstrual period?
Have you ever had any eye problems or injuries?			When was your last menstrual period?
Do you have any chronic ear problems or hearing loss?			Are your menstrual periods regular?
Do you have a family history of cancer?			Have you ever had a sexually transmitted disease?

Explain any "Yes" answers: _____

To the best of my knowledge my answers to the above are correct.

I give permission for my child to have a sports physical examination with Dr. Harazin and Associates.

Signature of Athlete: _____ Signature of Parent/Guardian: _____

Date: _____ Date: _____

ABOVE MUST BE COMPLETED AND SIGNED BEFORE PHYSICAL EXAM



HINSDALE/CLARENDON HILLS MIDDLE SCHOOL MEDICAL HISTORY AND PHYSICAL EXAM FORM FOR SPORTS

Name: _____ Birthdate: _____ Sex: _____ Grade: _____

Address: _____

Physical Exam

Blood Pressure: _____ Height: _____ Weight: _____ Pulse: _____

GENERAL EXAM	N	A	Comments	NEURO & ORTHO EXAM	N	A	Comments
General Appearance (Nutrition)				Neurologic			
Head				Neck			
Eyes (Pupils, Reaction, EOM)				Shoulder			
Ears (EAC's, TM's)				Elbows			
Nose				Wrists			
Oropharynx				Hands			
Neck				Hips			
Lymphatics			(Physician's Initials)	Knees			
Chest				Ankles			
Heart				Spine/Scoliosis			
Lungs				Other:			(Physician's Initials)
Abdomen							
Organomegaly			(Physician's Initials)				
Male Genitalia							
Male Hernia							
Other:			(Physician's Initials)				

Sign-Off

Full Participation

Limited Participation

No Participation – Requires: _____

Comments:

Date:

Physician: _____ Signature: _____

Address: _____ Phone: _____