

Jim Elliot Christian High School
"EAGLES"
Sports Physical Form

Name: _____

Grade: _____ Male ____ Female ____ Birthday _____

Family Physician: _____

Physician's Phone Number: _____

<i>Please answer the following questions:</i>	Yes	No
Have you ever been hospitalized?		
Have you ever had surgery?		
Are you presently taking any medications or pills?		
Do you have any allergies (medications, bees, any other stinging insects)?		
Have you ever been dizzy during or after exercise?		
Have you ever passed out during or after exercise?		
Have you ever had chest pain during or after exercise?		
Do you tire more quickly than your friends during exercise?		
Have you ever had high blood pressure?		
Have you ever been told you have a heart murmur?		
Have you ever had racing of your heart or skipped beats?		
Has anyone in your family died of heart problems or a sudden death before age 50?		
Do you have any skin problems (itching, rash, acne)?		
Have you ever had a head injury?		
Have you ever been knocked out or unconscious?		
Have you ever had a seizure?		
Have you ever had a stinger, burner, or pinched nerve?		
Have you ever had heat cramps?		
Have you ever been dizzy or passed out in the heat?		
Do you have trouble breathing or cough during or after exercise?		
Have you had problems with your eyes or vision?		
Do you wear glasses, contacts or protective eyewear?		
Do you use special equipment, pads, braces, mouth or eye guards?		
Have you ever sprained/strained, dislocated, fractured/broken or had repeated swelling or other injuries of any of your bones or joints?		
Head _____ Chest _____ Hip _____		
Shoulder _____ Forearm _____ Hand _____		
Thigh _____ Shin/Calf _____ Foot _____		
Neck _____ Back _____		
Elbow _____ Wrist _____		
Knee _____ Ankle _____		
<i>Have you ever had any other medical problems such as:</i>		
Asthma		
Diabetes		
Eye injuries		
Headaches (frequent)		
Hepatitis		
Mononucleosis		
Stomach ulcer		
Tuberculosis		

If you answered "YES" to any of the above questions, please give a brief explanation here:

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____