Al History Questionnaire  If you ever been hospitalized over have you ever had surgery you currently taking medication? You have any allergies (medicines ist allergies:  If you ever passed out during exectave you ever been dizzy during you aver had chest pain?  If you ever had chest pain?  If you ever had high blood preserve you ever had high blood preserve you ever had racing of your lave you ever had racing of your lase anyone in your family died of you have any skin problems (itching you ever had a head injury? Have you ever had a head injury? Have you ever had a seizure? Have you ever had pain from necker you ever had heat cramps? Have you ever had heat heat heat heat heat heat heat heat	rnight? y? s, pollen, bees) rcise? exercise? r friends during essure? e a heart murm heart or skippe heart problems y? Marfan's Syndr ng, rashes, bre c into arm? sed out in the he ed, sprained, of hipshin/cal elbowelbow	Ye Ye Ye Ye Ye ye yexercise? Ye ur? Ye ed beats? Ye s or a Ye rome? Ye aking out)? Ye Ye Ye Ye Ye Ye or dislocated):	es No	check)
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n was your last tetanus shot? Mo	onthDa	iteYea	ar	
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r .	n was your last tetanus shot? Mout your weight: do you think you a ust righttoo heavy/fatton heavy/fatton was your first period and heavy your last period?se feel free to ask the doctor to a	n was your last tetanus shot? MonthDa  ut your weight: do you think you are: ust righttoo heavy/fattoo light  Females: When was your first period and how old were you When was your last period?  se feel free to ask the doctor to address any que	eye/ear injuriestuberculosis n was your last tetanus shot? MonthDateYea ut your weight: do you think you are: ust righttoo heavy/fattoo light/thin  Females: When was your first period and how old were you? When was your last period? se feel free to ask the doctor to address any questions/conce all "Yes" responses to Questions 1-8:	n was your last tetanus shot? MonthDateYearut your weight: do you think you are: ust righttoo heavy/fattoo light/thin Females: When was your first period and how old were you?

Stude	nt Name:		DOB:	Grade:	_ ID:					
F	Physical Examination (To be completed by medical personnel)									
F	Height BF	P/_	Pulse	_						
١	Vision (optional) Left eye 20/ Right eye 20/_									
1.	Skin	10	Genitalia (optional)							
2.	Head	11.	Extremities							
3.	Eyes (PERL, EOMI,	12	Neurological							
4.	Fundi) Ears, nose, throat	13	Orthopedic							
	<u> </u>									
5.	+		Cervical spine/back							
6.	Lymphatic		Arms/elbows/wrist/h	ן ו						
-	Descinatent		ands	<del>     </del>						
	Respiratory		Hips	<del>-   -  </del>						
8.			Knees	<del>     </del>						
	Heart (murmurs?)	44	Ankles / feet	<del>-    </del>						
9.	Abdomen	14	Developmental							
		•	Tanner staging 1-5 (opt)							
	$\sqrt{=WNL}$ X = omitted +	t = see "No								
	Y - WILE X - Office Y - 300 Notes Below									
F	Please check one:									
	Full, unrestricted clearance									
Not cleared. Needs clearance by specialist: (Please note below)										
_	OrthopedistCardiologistOther									
١	Notes:									
*	*If conditions arise after the athlete has been cleared for participation, the physician may rescind the									
	clearance until the problem is resolved and the potential consequences are completely explained to the									
	athlete. In the event that the student-athlete should be afflicted with a condition after initial clearance, the individual may require additional clearance paperwork be turned into the athletic trainer.*									
II	idividual may require additional cle	arance pa	aperwork be turned into	the athletic train	ei.					
	**Screenings may only be performed by licensed MD, DO, PAC, and NP.**									
			t be completed af		,					
	<b>,</b>									
A	Athletic Screening performed by:									
F	Print		MD / DO / PAC	/ NP (circle or	ne)					
5	Signature:			Date:	_					
	Place Practitioner Office Stamp Here (Required)									