## SMSD requires an annual physical exam for Athletics, Marching Band, Cheerleading, Drill Team, ROTC and SMSD Club Sponsored Athletic Teams. \*\*SMSD will not accept physicals or completed paperwork dated prior to April 15, 2023\*\*

## 2023-2024

Church and a Name -	Dufas any Carant			10 Number	Currela			
Student's Name	Primary Sport				Grade	Date of Bi	rth	
STUDENT - PARENT/GUARDIAN SECTION				MEDICAL EXAMI	NER SEC	TION		
This MEDICAL HISTORY FORM must be completed annually by parent (or				11. i. i. h.	-:	Dulas		
student to participate in activities. These questions are designed to deter condition which would make it hazardous to participate in an event. If, b				Height: <u></u> W BP(brachial blood	eignt:	Pulse:		
participation, any illness or injury should occur that may limit this stude					/	(	)	
school authorities of such illness or injury.		,		pressure write sitting).	/	· / _ · _ / _	/	
Explain "Yes" answers on the notes page provided on page 2. Circle question	ons you don't know the answer	rs to. ,	Any	Vision: R – 20/	L-20/	Corrected: Y N	١	
"yes" answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evalu				·				
physical examination. Written clearance from a physician, physician assisted nurse practitioner is required before any participation in UIL practices, gar	nas or matchas			Pupils: Equal/Unequa	l %Bc	ody Fat (optional):		
<ol> <li>Have you had a medical illness or injury since your last check up or sp</li> </ol>		Yes	No	Medical	Normal	Abnormal Findings	Initials*	
<ol> <li>Have you had a medical liness of highly since you has check up of si</li> <li>Have you been hospitalized overnight in the past year?</li> </ol>				Appearance				
Have you ever had surgery?			ă	Eyes/Ears				
3. Have you ever had prior testing for the heart ordered by a physic	ian			Nose/Throat				
Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise?				Lymph Nodes				
Do you get tired more quickly than your friends do during exerci	se?	=		Heart – Auscultation Supine position				
Have you ever had racing of your heart or skipped heartbeats?		=	Н					
Have you had high blood pressure or high cholesterol?				Heart – Auscultation Standing position				
Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sud	Iden unexpected			Heart – Lower				
death before age 50?		_	_	Extremity Pulses				
Has any family member been diagnosed with enlarged heart, (dilated	cardiomyopathy),			Pulses				
hypertrophic cardiomyopathy, long QT syndrome or other ion channe				Lungs				
syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example, myocarditis or mo				Abdomen				
within the last month?		_	_	Genitalia (males only)				
Has a physician ever denied or restricted your participation in activiti	estorariy			Skin				
heart problems? 4. Have you ever had a head injury or concussion?				Marfan's stigmata				
Have you ever been knocked out, become unconscious, or lost you				(arachnodactyly, pectus escavatum, joint hypermobility, scoliosis)				
If yes, how many times? When was your last concus	sion?				Musculo	skeletal		
How severe was each one? (Explain on the back of this page)				Neck				
Have you ever had a seizure? Do you have frequent or severe headaches?				Back				
Have you ever had numbness or tingling in your arms, hands, legs, or				Shoulder/Arm				
Have you ever had a stinger, burner, or pinched nerve?				Elbow/Forearm				
5. Are you missing any paired organs?				Wrist/Hand				
<ol> <li>Are you currently under a doctor's care for a specific medical issue?</li> <li>Are you currently taking any prescription or non-prescription (over-th)</li> </ol>				Hip/Thigh				
or pills or using an inhaler?	ie counter, mealeation		-	Knee				
8. Do you have any allergies (for example, to pollen, medicine, food, or	stinging insects)?			Leg/Ankle				
Does this allergy require an EpiPen?				Foot				
<ol> <li>Have you ever been dizzy during or after exercise?</li> <li>Do you have any current skin problems?(for example, itching, rashes,</li> </ol>				CLEARANCE		* Station-based examin	ation only	
11. Have you ever become ill from exercising in the heat?				Cleared				
12. Have you had any problems with your eyes or vision?				Cleared after compl	eting evalua	ation/rehabilitation for	:	
13. Have you ever gotten unexpectedly short of breath with exercise?				· · · · · · · ·	0	,		
Do you have asthma?		Н	H					
Do you have seasonal allergies that require medical treatment?				□ Not cleared for:				
14. Do you use any special protective or corrective equipment or de				Reason:				
usually used for your activities or position (for example, knee brace, s foot orthotics, retainer on your teeth, hearing aid)?		_	-					
<ol><li>Have you ever had a sprain, strain, or swelling after injury?</li></ol>				Recommendations	:			
Have you broken or fractured any bones or dislocated any joints?								
Have you had any other problems with pain or swelling in muscles, te	endons, bones, or			The following inform	ation muc	+ he filled in and sig	ad by	
joints? If yes, check appropriate box and explain below. □ Head □ Elbow □ Hip □ Neck □ Forearm □ Thigh	□ Back □ Wrist □ Knee			either a Physician, a				
$\Box$ Chest $\Box$ Hand $\Box$ Shin/Calf $\Box$ Shoulder $\Box$ Finger $\Box$ Ankle	Upper Arm Foot			Board of Physician As	,	,		
16. Do you want to weigh more or less than you do now?				recognized as an Ad				
<ol> <li>Do you feel stressed out?</li> <li>Have you ever been diagnosed with or treated for sickle cell trait or s</li> </ol>				Nurse Examiners, or				
Females Only				forms signed by any	other hed	alth care practitione	r, will	
19. When was your first menstrual period?				not be accepted.				
When was your most recent menstrual period?				Date of Examination:				
How much time do you usually have from the start of one period	to the start of another?			Name (print/type):				
How many periods have you had in the last year?								
What was the longest time between periods in the last year?				Address:				
Males Only         20. Do you have two testicles?				Phone Number:				
21. Do you have testicular swelling or masses?				Physician's Signature:				
An electrocardiogram (ECG) is <b>not required</b> . I have read and unde	rstand the information about	card	iac					
screening on the UIL Sudden Cardiac Arrest Awareness Form. By c						be on file before a stu fore, during or after so		
ECG for my student for additional cardiac screening. I understand	it is the responsibility of my fa	amily	to			ason) or games/match		
schedule and pay for such ECG. Explain all "yes" answers on the back of this pa	ασe					ompetitions.		
	•							
This medical history form was reviewed by:	be filled out by SMSD Athl	etic	<u>i raine</u> i	<u>'s</u>				
This medical history form was reviewed by.								

Printed name

Date

Signature