

Tulare Union High School
Physical Form for Physician

MEDICAL HISTORY

Student's Name:			
School: _____ Date: _____			
BP: _____ Urine: _____ VAL: _____ R: _____			
1.	Have you ever been knocked unconscious or had a concussion?	Yes	No
2.	Have you ever passed out or fainted during exercise?		
3.	Have you ever felt dizzy or passed out from heat?		
4.	Have any members of your family under 50 years old have had a heart attack?		
5.	Have you ever had hepatitis or jaundice?		
6.	Have you ever has Mononucleosis?		
7.	Are you anemic?		
8.	Have you ever had a heart murmur?		
9.	Do you have sickle cell trait or sickle cell anemia?		
10.	Have you ever had a bladder or kidney infection?		
11.	Have you ever had severe pain in your neck and arms?		
12.	Have you ever had any type of surgery?		
13.	Have you very been admitted to and stayed overnight in the hospital for an illness or injury?		
14.	Has a physician ever told you could not play sports?		
15.	Are you taking medications on a regular basis?		
16.	Are you allergic to any medications?		
17.	Have you ever sprained/strained a ligament or muscle?		
18.	Have you ever broken a bone?		
Comments:			
Physicians Signature and Clearance: _____ Date: _____			