ALABAMA CHRISTIAN EDUCATION ATHLETIC ASSOCIATION
MEDICAL HISTORY FORM

(Please Print) DATE ___/___/_____

FULL NAME OF STUDENT _____ BIRTHDATE___/___/_____
First Middle Last

AGE _____ SEX _____ RACE: BLACK _____ WHITE _____ OTHER _____

ADDRESS _____ PHONE ( ) _____
Street City State Zip

SCHOOL _____ GRADE _____ SPORT/ACTIVITY_____

HISTORY (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN PRIOR TO PHYSICAL EXAMINATION. WITHHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS.)

		CHECK ONE	IF YES, EXPLAIN
1.	HAS THE STUDENT EVER:		
a.	been knocked out?	Yes ( ) No ( )	_____
b.	had a concussion?	Yes ( ) No ( )	_____
c.	stayed overnight in a hospital?	Yes ( ) No ( )	_____
d.	had an operation?	Yes ( ) No ( )	_____
e.	had heat exhaustion or heat stroke?	Yes ( ) No ( )	_____
f.	had a head or neck injury?	Yes ( ) No ( )	_____
g.	had a back or spinal injury?	Yes ( ) No ( )	_____
h.	had a heart murmur?	Yes ( ) No ( )	_____
i.	had high blood pressure?	Yes ( ) No ( )	_____
j.	had a heart problem?	Yes ( ) No ( )	_____
k.	fainted while doing exercise?	Yes ( ) No ( )	_____
2.	DOES THE STUDENT:		
a.	take medicine every day?	Yes ( ) No ( )	_____
b.	wear glasses or contact lenses?	Yes ( ) No ( )	_____
c.	wear dental appliances?	Yes ( ) No ( )	_____
d.	wear hearing aids?	Yes ( ) No ( )	_____
e.	have any allergies?	Yes ( ) No ( )	_____
f.	have any chronic illnesses (i.e. diabetes, asthma, seizures)?	Yes ( ) No ( )	_____
g.	have any body parts missing (i.e. kidney, finger)?	Yes ( ) No ( )	_____
3.	HAS THE STUDENT'S MOTHER, FATHER, BROTHER OR SISTERS EVER HAD ANY HEART PROBLEMS BEFORE 50 YEARS OF AGE?	Yes ( ) No ( )	_____
4.	HAS ANY PHYSICIAN LIMITED THE STUDENT'S ATHLETIC PARTICIPATION?	Yes ( ) No ( )	_____
5.	HAS THE STUDENT EVER BROKEN A BONE OR HAD A CAST ON THE:		
a.	hand?	Yes ( ) No ( )	_____
b.	wrist?	Yes ( ) No ( )	_____
c.	arm?	Yes ( ) No ( )	_____
d.	foot?	Yes ( ) No ( )	_____
e.	ankle?	Yes ( ) No ( )	_____
f.	leg?	Yes ( ) No ( )	_____
g.	other?	Yes ( ) No ( )	_____
6.	IN THE PAST YEAR HAS THE STUDENT BROKEN A BONE WHILE PLAYING SPORTS?	Yes ( ) No ( ) Activity	_____ _____

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student form participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to cer tify that I have read and understand the above information and hereby give permission and consent to emergency and/or medical treatment for my son ( ), daughter ( ), ward ( ) and that the responses to the preceding questions are correct.

SIGNED: _____ _____
PARENT ( ) OR GUARDIAN ( ) DATE

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/_____ LEFT 20/_____ CORRECTED _____ UNCORRECTED_____

DATE OF LAST MENSTRUAL PERIOD _____

		CHECK ONE	IF ABNORMAL, EXPLAIN
1.	Skin	Normal ( ) Abnormal ( )	_____
2.	Head & Neck	Normal ( ) Abnormal ( )	_____
3.	Eyes	Normal ( ) Abnormal ( )	_____
4.	Ears, Nose, & Throat	Normal ( ) Abnormal ( )	_____
5.	Teeth & Mouth	Normal ( ) Abnormal ( )	_____
6.	Lungs & Chest	Normal ( ) Abnormal ( )	_____
7.	Cardiovascular	Normal ( ) Abnormal ( )	_____
8.	Abdomen & Lymphatics	Normal ( ) Abnormal ( )	_____
9.	Genitalia/Hernia	Normal ( ) Abnormal ( )	_____
10.	Orthopedic Screening:		
	a. upper extremities	Normal ( ) Abnormal ( )	_____
	b. lower extremities	Normal ( ) Abnormal ( )	_____
	c. spine & back	Normal ( ) Abnormal ( )	_____
11.	Neurological	Normal ( ) Abnormal ( )	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this _____ day of _____, 20 ____ _, I performed the above limited examination on _____ of the _____School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of t he opinion that he/she IS ____ IS NOT ____ physically able to participate in ALL____ *LIMITED ____ athletic events of the school.

_____ (M.D. or D.O.)
PHYSICIAN

*EXPLAIN LIMITATIONS/EXCLUSION

_____

_____

_____