

High School Athlete Pre-Participation Medical Form

Personal Information

Name

Date of Birth

Grade

School

Sport(s)

Emergency Contact

Parent/Guardian Name

Relationship

Phone Number

Email

Address

Medical History

List any chronic medical conditions

Allergies (medicine, food, other)

Current medications

History of surgeries or hospitalizations

Does the athlete wear corrective lenses?

Family History

Family history of heart disease or sudden cardiac death?

Details (if any):

Physical Examination

Height

Weight

Blood Pressure

Pulse

Provider Clearance

Cleared for all sports:

If not cleared, explain:

Provider Name

Date

Provider Signature