

# Sports Physical Medical History Form

## Personal Information

Name

Date of Birth

Sex

Grade

Address

Parent/Guardian Phone

Emergency Contact Name

Emergency Contact Phone

## Medical History

Has the student ever had (check all that apply):

☐

Asthma

☐

Diabetes

☐

Concussion

☐

Seizures

☐

Heart Problems

☐

Broken Bones

☐

Allergies

Current Medications

Allergies

Surgeries/Hospitalizations

Past Injuries

## Family Medical History

Is there a family history of (check all that apply):

☐

Diabetes

☐

Heart Disease

☐

High Blood Pressure

☐

Sudden Cardiac Death

## Other Information

Any other health concerns or relevant information:

Parent/Guardian Signature

Date