

**Tulare Western High School**  
*Physical Form for Physician*

**MEDICAL HISTORY**

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