

**SALEM LUTHERAN SCHOOL  
MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex (circle one): Male Female Parent/Guardian: \_\_\_\_\_  
Family Doctor/Clinic: \_\_\_\_\_ Family Dentist/Clinic: \_\_\_\_\_

**All Blank Spaces Must Be Completed**

Weight \_\_\_\_\_ Height \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Legend: N = normal X = abnormal NE = not examined

General body build \_\_\_\_\_ Skin \_\_\_\_\_

Eye \_\_\_\_\_ Ear \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Teeth \_\_\_\_\_ Neck \_\_\_\_\_  
Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Spine \_\_\_\_\_  
Abdominal masses \_\_\_\_\_

Joint Function: Neck \_\_\_\_\_ Shoulders \_\_\_\_\_ Elbows \_\_\_\_\_ Wrists \_\_\_\_\_ Hands \_\_\_\_\_  
Hips \_\_\_\_\_ Knees \_\_\_\_\_ Ankles \_\_\_\_\_ Feet \_\_\_\_\_

Neurological \_\_\_\_\_ Hernia \_\_\_\_\_ Genitalia (male only) \_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_

Optional at discretion of physician: HGB or HCT \_\_\_\_\_ Urinalysis \_\_\_\_\_

Description of Abnormal Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that I have examined this student and he/she may compete in supervised school athletic activities with the exception of the following specific activities:*

\_\_\_\_\_

**Special instructions or special limitations:** \_\_\_\_\_

\_\_\_\_\_

Date of Examination: \_\_\_\_\_ Printed Name of Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

## MEDICAL HISTORY FORM

This Medical History Form must be completed annually by the parent or guardian and student in order for the student to participate on athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

- |  | YES   | NO    |
|--|-------|-------|
| 1. During the past 12 months:  |       |       |
| a. Was he/she hospitalized?  | _____ | _____ |
| b. Did he/she have any injuries requiring medical attention?                                   | _____ | _____ |
| c. Did he/she have any illness lasting more than one week?                                     | _____ | _____ |
| 2. Does he/she take any medication on a regular basis?   | _____ | _____ |
| 3. Do you know of any reason why there should be limits in his/her participation of any sport? | _____ | _____ |
| 4. Has he/she ever had a concussion or been knocked unconscious?                               | _____ | _____ |
| 5. Has he/she ever had a convulsion?   | _____ | _____ |
| 6. Is he/she now under a doctor's care?  | _____ | _____ |
| 7. Is he/she wearing any removable dental appliance (bridge or plate)?                         | _____ | _____ |
| 8. Is he/she allergic to any medications?  | _____ | _____ |

Please provide the details for any "YES" responses:

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It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the Houston Lutheran Conference nor Salem Lutheran School assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_