

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

12-4-14

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in 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.

Student's Name (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency contact

Name _____ Relationship _____ Phone (H) _____ (W) _____

th 1 Tf 9.6408970-9(

It is understood that even though protective equipment is worn, questions are complete and correct. Failure to provide true information is the responsibility of the parent/guardian and student. ()Tj/TT4 1 Tf 9.6408970-9(

Empty rectangular box for signature or stamp.

