SOMERSET PUBLIC SCHOOLS
ATHLETIC HEALTH QUESTIONNAIRE

Student's Name: _____Grade_____DOB_____

Sport Participating In_____Date_____

Have you ever been hospitalized? no___ yes___explain_____
Have you ever had surgery? no___ yes___explain_____
Are you presently taking any medication? no___ yes___explain_____
Do you have any allergies? (medicine, food, insects, etc.) no___yes___explain_____
Have you ever fainted or felt dizzy or during or after exercise? no___ yes___explain_____
Have you ever had chest pain during or after exercise? no___ yes___explain_____
Have you ever had high blood pressure? no___ yes___explain_____
Have you ever been told that you have a heart murmur? no___ yes___explain_____
Have you ever had racing of the heart or skipped heartbeats? no___ yes___explain_____
Has anyone in your family died suddenly of heart problems before the age of 50? no ___ yes___explain_____
Have you ever had a head injury? no___ yes___explain_____
Have you ever been diagnosed with a concussion? no___ yes___explain_____
Have you ever had a seizure? no___ yes___ explain _____
Do you have trouble breathing or do you cough after activity? no___ yes___ explain_____
Do you use any special equipment (pads, braces, neck rolls, mouth or eye guards)? no___ yes___ explain_____
Have you had any problems with your eyes or vision? no___ yes___explain_____
Have you had any dental repairs? no___ yes___explain_____
Have you had any bone or spine injuries or disease? no___ yes___explain_____
Do you wear glasses, contacts, or protective eyewear? no___ yes___ explain_____

Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of the following bones or joints? no___ yes___ date_____

___head ___shoulder ___thigh ___neck ___knee ___chest ___hip

___forearm ___shin/calf ___back ___wrist ___hand ___foot ___other

If yes, explain. _____

Have you had any other medical problems (asthma, mononucleosis, hepatitis, diabetes, rheumatic fever, etc.)
no___ yes___ If yes, explain._____

Date of last tetanus shot and where received _____

I hereby certify that the above information provided is accurate and true to the best of my knowledge.

Signature of Parent/Guardian_____

SOMERSET PUBLIC SCHOOLS
PHYSICAL EXAMINATION

Student's Name ____________________________________Gr.____ DOB_____

Ht. ________ **Wt.** ________ **BMI** __________ **BP** __________ **Pulse** _________

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Date of Physical __________	**Normal**	**Abnormal Findings**
Cardiopulmonary:		
Heart	_________	____________________________________
Pulses	_________	____________________________________
Lungs	_________	___________________________________
Skin:	_________	____________________________________
Abdominal:	_________	____________________________________
Genitalia:	_________	____________________________________
Musculoskeletal:		
Neck	_________	____________________________________
Shoulder	_________	____________________________________
Elbow	_________	____________________________________
Wrist	_________	____________________________________
Hand	_________	____________________________________
Back (incl. scoliosis)	_________	____________________________________
Knee	_________	____________________________________
Ankle	_________	____________________________________
Foot	_________	____________________________________
Neuro:	_________	____________________________________
Other:	_________	____________________________________

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Medications: Y N Name of meds., dosage, and frequency __________
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Allergies: Y N If yes, please describe ______________________
Immunizations/Boosters: (give exact dates)
Td __________ MMR #1 _________ #2 __________
Hepatitis B #1 __________ #2 __________ #3 __________

Screenings: Urine Check (Protein) __________
Significant findings: ____
Significant illness or injuries: ____
Medication or treatment orders to be carried out at school: __________________
____

Sports Clearance: A.) Cleared ____ B.) Not cleared ____ C.) Cleared after______

Name of Physician (print clearly) ____

____ ________________
Signature of Physician Date of Signature