

2005



Player Medical History/Physical Examination



10026-A South Mingo Road #124 · Tulsa, Oklahoma 74133
Phone Number: 365-5504 · Website: www.uyfa.org

1

Player Information.

Child's Name: _____
First Middle Last

Age: _____ Sex: _____ Grade Fall '05: _____

Home Address: _____ City: _____ ZIP: _____

2

Medical History.

Check any of the following illnesses or symptoms that have occurred to the player at any time since birth and explain any checks below:

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Bone, Joint, Spine, Liver, Kidney, Spleen Injuries |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Concussions | <input type="checkbox"/> Hernia | <input type="checkbox"/> Seizure | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Organs Missing | |

Explanation: _____

Medications Currently Taking: _____

Any Surgeries/Hospitalizations: _____

Signature of Parent/Legal Guardian: _____ Date: _____

3

Physical Examination.

Vitals: Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Normal	Abnormal	Follow-Up	Explanation if Abnormal:
<input type="checkbox"/> _____ Abdomen _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Chest _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Dental _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Ears/Eyes/Nose _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Extremities _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Genitalia _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Head _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Heart _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____ Ski _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____

I certify that I have reviewed the Medical History of player and have examined player and find them physically fit to participate in sports activities.

Signature of Physician: _____ Date: _____

ENTERED INTO DATABASE: BY: _____