

Woodcrest Christian School Athletic Screening

		PAF	RT 1 (TO BE CO	MPLETED BY A PARE	NT OR LEGAL	GUARDIA	N)		
LAST NAMI	E			FIRST NAME				GRADE	
					9.				
BIRTHDAT	Έ	FALL	. SPORT	WINTER SPORT		SPRING SPO	ORT	STUDENT ID NUMBER	
DΔ	DT 1 -	HEALTH HI	STODY (Mus	t he Completed I	Ny Parent/C	Fuardian	Drior to the	Evamination)	
PART 1 HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)									
Yes	No	Has this stu	dent had:		Yes	No			
1. □		Chronic or recu			13. 🗆	☐ Inju	uries requiring m	edical care or treatme	ent?
2. 🗆		Illness lasting of Hospitalization			14. □		ck or back pain o		
3. □ 4. □				ogic condition? Loss or	15. □ 16. □	☐ Kne	ee pain or injury? oulder or elbow p	asin or injury?	
4. ⊔	Ш			kidney, liver, testicle)			kle pain or injury		
		glands?		2006 B	18 . □	Oth	ner joint pain or i	njury?	
5 \square Allergies (medicines, insect bites, fo			es, food)? Problems	19. Broken bones (fractures)?					
with heart or blood pressure? Chest pain or significant or severe sho			are chartness of breat	20. 🗆	□ We	Does this student presently: Wear eyeglasses or contact lenses?			
6. □		during or after		ere snorthess or breati	່ 21. □	□ We	ar dental bridges	braces or plates?	
7 🗆			nting with exerc	ise?	22. □		ce any medicatio	ns? (List below):	
7. □ 8. □			eadaches or con		23. □	□ Birt	rther history: th defects (corre	cted or not)?	
9.		(0.75/6)		consciousness? Heat	23. □ 24. □	☐ Dea	ath of a parent or	grandparent less tha	an 40
9. 🗆		exhaustion, he	atstroke, or othe	er problems managing	or	yea	rs of age due to	medical cause or con	dition?
		responding to h			25. □	☐ Par	ent or grandpare	nt requiring treatment than 50 years of age	nt for
10. □		Racing heartbe	at, skipped or in	regular heartbeats,	26 🗆			sician on an emergen	
		or heart murmu	ır?		26. □		ent basis in the l		Cy Oi
11. □		Seizures or seiz	zure disorders?						
12. □		Severe or repea	ated instances o	f muscle cramps?					
Date of last known tetanus (lockjaw) shot: Date of last complete physical examination:									
Explain (all "VFS	answers Desc	rihe any other fo	act that should be disc	closed prior to	the exami	nation (use reve	rse of form if needed).
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DARENT	/OLLA DD:	TANIC AUTUODIT							
PARENT,	/GUARD	IAN'S AUTHORIZA	ATION: I authorize	e the health care provide	er to perform a S	Sports Physi	ical Evaluation on	the student. The inform	nation set
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