PROVIDENCE
THE COLLEGE PREPARATORY SCHOOL FOR GIRLS GRADES 6–12

MEDICAL HISTORY

Student Name ________________________________Date of Birth __________ School Year __________Grade _______

The Medical History must be completed annually by a parent/guardian and student. In order for the student to **participate in any physical activities we must have the Medical History and a current Physical on file.** These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in physical activity.

Please **circle** questions for which you have no answer. Any “YES” answer to questions 1-28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician’s assistant, chiropractor or nurse practitioner is required **before participation** in any physical practices, games or matches.

	Yes	No
1. Have you had a medical illness or injury since your last checkup or physical?		
2. Have you been hospitalized overnight in the past year?		
3. Have you ever had surgery?		
4. Have you ever passed out during or after exercise?		
5. Have you ever had chest pain during or after exercise?		
6. Do you get tired more quickly than your friends during exercise?		
7. Have you ever experienced racing of your heart or skipped heartbeats?		
8. Have you ever had high blood pressure?		
9. Have you ever had high cholesterol?		
10. Have you ever been told you have a heart murmur?		
11. Has any family member or relative died of heart problems before age 50?		
12. Has any family member or relative died of sudden unexpected death before age 50?		
13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?		
14. Has any family member been diagnosed with Hypertonic Cardiomyopathy?		
15. Has any family member been diagnosed with Long QT Syndrome?		
16. Has any family member been diagnosed with ion Channelopathy (Brugada syndrome, etc.)		
17. Has any family member been diagnosed with Marfan’s Syndrome?		
18. Have you had a severe viral infection (Myocarditis, Mononucleosis, etc.) in the past year?		
19. Has a physician ever denied or restricted your participation in sports for any heart problem?		
20. Have you ever had a head injury or concussion?		
21. Have you ever been knocked out, become unconscious or lost your memory?		
22. Have you ever experienced a seizure? If Yes date of last seizure		
23. Have you ever had numbness in your arms, hands, legs or feet?		
24. Have you ever had a stinger, burner or pinched nerve?		
25. Are you missing any paired organs?		
26. Are you presently under a doctor’s care?		
27. Are you currently taking any prescription or non-prescription medications or inhalers?		
28. Do you have any allergies?		
29. Have you ever been dizzy before or during exercise?		
30. Do you currently have any skin problems (itching, acne, wart, fungus or blisters)?		
31. Have you ever become ill after exercising or working in the heat?		
32. Have you ever had any problems with your eyes or vision?		
(See additional question on back)		

	Yes	No
33. Have you ever gotten unexpectedly short of breath with exercise?		
34. Do you have asthma?		
35. Do you have seasonal allergies that require medical treatment?		
36. Do you use any special protective or corrective equipment?		
37. Have you ever had a sprain, strain or swelling after injury?		
38. Have you ever broken or fractured any bones?		
39. Have you ever dislocated any joints?		
40. Have you ever had any problems with paint or swelling in muscles, tendons, bones or joints? **If yes, please check the appropriate box and explain on a separate sheet of paper** **Head ☐ Neck ☐ Back ☐ Chest ☐ Shoulder ☐ Upper Arm ☐** **Elbow ☐ Foreman ☐ Wrist ☐ Hand ☐ Finger ☐ Hip ☐** **Thigh ☐ Knee ☐ Shin/Calf ☐ Ankle ☐ Foot ☐**		
41. Do you want to weigh more or less than you do now?		
42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular activities?		
43. Do you feel stressed out?		
44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?		

If you answered yes to any of the above questions it is imperative that we have an explanation below.

Question # ____ Explanation____
Question # ____ Explanation____
Question # ____ Explanation ____
Question # ____ Explanation____
Question # ____ Explanation____

If you need to provide further explanation please attach to this form.

45. When was your first menstrual period? ______________________________
46. When was your most recent menstrual period? ________________________
47. How much time elapses from the start of one period to the start of another? __________days.
48. How many periods have you had in the last year? ______________________
49. What was the longest time between periods in the last year? ___________days.

If between this date and the beginning of activity, 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. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. ***Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.***

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Parent/Guardian Signature Student Signature Date

This Medical form reviewed by (school use only) Name _______________________________________Date________

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