

MELROSE PARK GAELS YOUTH FOOTBAL AND CHEERLEADING HEALTH FORM

Participant's Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Family Physician: _____

HISTORY TO BE COMPLETED BY PARENT

Diabetes Yes No

Neurological problems Yes No

Congenital defects Yes No

Heart disease Yes No

Injuries / accidents Yes No

Outcome: _____

Chronic illness Yes No

Allergies (list) Yes No

Medications (list) Yes No

During exercise has the child ever:

Experienced chest pain Yes No

Passed out Yes No

Become extremely short of breath Yes No

Have you ever been told child has:

Rheumatic fever Yes No

Heart murmur Yes No

Has any family member died a sudden death?

Yes No

Other concerns Yes No

PHYSICAL FINDINGS:

Height: _____ Weight: _____

Blood Pressure: _____

| | Normal | Abnormal |
|-------------------|--------|----------|
| Skin | | |
| Heart | | |
| Abdomen | | |
| Respiratory | | |
| Cardiovascular | | |
| Genital / Urinary | | |
| Skeletal / Joint | | |
| Posture | | |

FOLLOW UP: _____

On the basis of this examination on this day, with follow up indicated, I approve this child for participation in athletics for one (1) year.

PHYSICIAN'S SIGNATURE: _____

DATE: _____