Pre-Participation Physical Evaluation
Medical History

This **Medical History Form** must be completed annually (high school athletes)/every two years (middle school and elementary athlete by parent (or guardian) and student in order for the student to participate in MCA athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student Name (print): ____

Gender: _________________ Age: _________________ Date of Birth: _______________

Home Address: _________________________ City: _________________ State: ____TX____ Zip: _________

Home Phone: _________________ Parent Cell Phone: _________________

School: Memorial Christian Academy Homeschool Grade Level: _____________

Circle One

Personal Physician: ____________________________ Hospital or Clinic: _______________________________

Physician Phone: ________________________________

In case of emergency contact

Name: _______________________________ Relationship to athlete: _______________________________

Home Phone: _________________________ Cell Phone: __________________________

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Written clearance from a physician, physicians assistant, chiropractor or nurse practitioner is required before any participation in MCA practices, games or matches. When reporting for a physical, please take a copy of this form for the examiner.

	Question	YES	NO
1.	Have you had a medical illness or injury since your last checkup or sports 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 channelpathy (Brugada syndrome, etc)?	☐	☐
17.	Has any family member been diagnosed with Marfan's syndrome?	☐	☐

18. Have you ever 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? ☐ ☐
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, warts, 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? ☐ ☐
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 pain or swelling in muscles, tendons, bones or joints? ☐ ☐
    If yes, please check the appropriate box and explain on a separate sheet of paper.

Head ☐	Shoulder ☐	Wrist ☐	Thigh ☐	Foot ☐
Neck ☐	Upper Arm ☐	Hand ☐	Knee ☐	
Back ☐	Elbow ☐	Finger ☐	Shin/Calf ☐	
Chest ☐	Forearm ☐	Hip ☐	Ankle ☐	

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? ☐ ☐

Females Only

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 the longest time between periods in the last year? ___________ (days)

- ❖ It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither Memorial Christian Academy, nor its coaches assumes any responsibility in case an accident occurs.
- ❖ If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do herby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.
- ❖ If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify 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 disqualification from any and all Memorial Christian Academy athletic activities.

Student Signature: ____ Date: ______________________

Parent / Guardian Name (print): ____

Parent/Guardian Signature: ____________________________________ Date: ______________________

For School Use Only

This Medical History Form was reviewed by

____ Date: ______________________

Athletic Director