

Rancho Buena Vista High School Athletic Screening – Health History Form

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General Information

Student's Legal Name _____ Student # _____ Birthdate _____ Grade _____ Sex _____

Present Address _____ City _____ Zip _____
 *In case of an emergency we will attempt to contact a parent or guardian first, but in case he/she is not reachable we would like to have an emergency contact number.

(#1) Emergency Contact & Phone # _____ (non-parent) _____ (#2) Emergency Contact & Phone # _____ (non-parent) _____

Father's Name & Home Phone Number _____ Mother's Name & Home Phone Number _____

Cell # _____ Work # _____ Cell # _____ Work # _____

Family physician _____ Phone Number _____

Please check appropriate space and EXPLAIN all "YES" answers.

MEDICAL HISTORY

YES	NO	Don't know	Questions
			1. Are you aware of any health problems?
			2. Does the athlete take any medication?
			3. Does the athlete have any reaction to medication?
			4. Is athlete currently under medical care?
			5. Has the athlete ever had any surgeries?
			6. Has the athlete ever suffered a heat related illness (heat stroke)?
			7. Does the athlete have a history of any head injuries (concussion, skull fx, seizure)?
			8. Has the athlete ever broken a bone, had to wear a cast or had an injury to any joint (with in last 5 years)?
			9. Does athlete have asthma, hay fever or coughing spells after exercise (exercise induced asthma)?
			10. Does the athlete carry an inhaler?
			11. Does athlete require special care for any reason?
			12. Is the athlete diabetic?
			13. Does the athlete have any problems with vision (eyes)?
			14. Does the athlete where glasses or contacts?
			15. Is the athlete allergic to Bee stings? Do they carry an Epi-pen?
			16. Does the athlete have a loss of a paired organ? (eye, kidney, lung, testicle)
			17. Does the athlete want to talk to the Dr. about any health problems or injury?
			18. Has it ever been necessary to restrict athlete's activities for medical reasons?
			19. Has the athlete ever been told to give up sports because of health problems?

Explain any **"YES"** answers:

Number of question: _____ Explanation _____

Physical Examination

(To be completed by Medical Personnel)

Height _____

Weight _____

Blood Pressure _____

Pulse _____

General Medical	Clearance
1. Skin	
2. Head	
3. Eyes (PERLA, EOMI, Fundi)	
4. Ears, Nose, Throat	
5. Neck	
6. Lymphatic	
7. Respiratory	
8. Cardiovascular	
Heart Murmurs	
9. Abdomen	
10. Extremities	
11. Neurological	
Reflexes	
Orthopedic	
12. Cervical spine / back	
13. Arms / Elbows / Wrists / Hands	
14. Hips	
15. Knees	
16. Ankles / Feet	

√ = within normal limits
 + = see comments
 X = omitted

Physician's Office Stamp HERE

Comments / Recommendations:

Medical Clearance

Please indicate:

Student athlete **is** cleared to participate in athletic activities. **Unrestricted.**

Student athlete **is NOT** cleared to participate in athletic activities. **Clearance deferred**

No participation at this time because:

Needs to complete rehabilitation for current condition(s) prior to participation

Needs clearance by a specialist

Orthopedist

Cardiologist

Other: _____

Physician's Statement:

(Student's Name) _____ was examined by me on (date) _____ and found physically fit to engage in high school athletics. Results are to encourage, but in no way guarantee, the fitness and the safety of the athlete.

Practitioner's Signature: _____

Date: _____

M.D. / D.O. / N.P. / P.A. / D.C.

RANCHO BUENA VISTA HIGH SCHOOL
Student Athlete-Parent Agreement

Please read: Commitment to selected sport (s) is expected from ALL athletes and their parents. Be aware that tournaments, practices, games continue during the summer, Thanksgiving week, Christmas Vacation, Spring Break & any other holidays. ALL athletes are required to attend team meetings, practices, games and tournaments unless illness or emergency situations arise. If an absence is anticipated for any reason it is always the athlete's responsibility to communicate with the coaching staff prior to the absence.

STUDENT'S AGREEMENT:

As a student athlete I agree to participate under the stated requirements below, and fully understand the risk of serious injury to myself as a result of participation.

Team Requirements

On the day of a contest I must attend four classes.
(Confirmed by attendance office & reported to AD).

I will not participate in any form of "hazing", harassing, fighting, pranks and horseplay resulting in injury or damage to school property. I understand possession, use, sale, furnishing or being under the influence of alcohol, drugs or any controlled substance will result in suspension and immediate removal from the team.

I must be on my best behavior at all contests, bus rides, anywhere I am representing RBVHS.

Academic Eligibility

I must maintain a 2.0 grade point average .

I understand grades will be checked every 6 weeks. Progress report grades will be used at 6 & 12 weeks within each semester.

I understand "Incomplete" and "No Marks" on (progress reports & semester grades) will be considered "F's" & may be ineligible to participate in athletics until a grade is posted

Financial Responsibility

I am responsible for and must pay an athletic transportation fee as designated by RBVHS, unless I qualify for an athletic fee waiver.

I am financially responsible for ALL uniforms & athletic equipment issued to me and will pay for lost or damaged items.

Unpaid transportation fees, equipment & uniforms not returned will remain as athletic debts on my account and will prevent transfer to next sport, registration and or graduation.

▶ **Athlete' signature:** _____ **Date:** _____

PARENT'S AGREEMENT:

We, the parents/or legal guardians have read the athlete/parent agreement and concur that my child is subject to all RBVHS & VUSD eligibility requirements; as well as San Diego CIF Section extra-curricular code of conduct rules. We understand we are financially responsible for any items lost, stolen or damaged by my child.

▶ **Signature of Parent/Guardian** _____ **Date:** _____