San Gabriel Mission High School Athletics Preparticipation Physical Examination Form

Student's Address Street Sirest Middle Student's Address Street City Zip Telephone Family Physician's Name, Address, Telephone History This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletic in order to help detect possible risks. Explain **YES** answers below. Citcle questions your dent store the answers to. I. Have you had a medical illness or injury since your list checkup or sports physical? I. Have you had a medical illness or injury since your list checkup or sports physical? I. Have you ever had surgery? J. Have you ever had surgery? J. Are you currently taking any prescription or nonprescription in the second process of the sec		(Please type or print)															
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8. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?				П			W/hs	many p	Jona	as nave	you n	ad in the	last j	year?			
itching, rashes, acne, warts, fungus or blisters)? 9. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner or pinched nerve? We consent to the participation of the above-named student in the interscholastic program of his/her school including practice sessions and travel to and from athletic contests. We also agree to emergency medical treatment as deemed necessary by the physician(s) designated school authorities. Student Signature Parent or Guardian Signature Date				_								cen peno	J3 III	the last yea	** _		
Have you ever been knocked out, become unconscious or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner or pinched nerve? We consent to the participation of the above-named student in the interscholastic program of his/her school including practice sessions and travel to and from athletic contests. We also agree to emergency medical treatment as deemed necessary by the physician(s) designated school authorities. Student Signature Parent or Guardian Signature Date	itching, rashes, a	acne, warts, fungus or	blisters)?				Expl										
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	and from athletic co	ontests. We also agree t	o emergency medical t	reat	tment	as de	eme	ed neces	sary	by the p	hysicia	an(s) desiç	gnate	d school aut	horitie	es.	
	Student Signature				Pare	nt or	Gua	rdian Sic	natu	re				Date	_		
		mily insurance Yes	No; If yes, family in	nsur										Date			

Modified from the form approved by the American Academy of Family Physicians, American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Orthopaedic Society for Sports Medicine, the American Osteopathic Academy of Sports Medicine and the California Chiropractic Association