STUDENT HEALTH REVIEW/EXAM

SECTION A: To be completed by parent or guardian.

Student Last Name | **Student First Name** | **MI** | **Date of birth** _____/_____/_____ | **Grade**

Address | **City** | **Zipcode**

Phone | **Emergency Phone** | **Date of last physical exam** ________/_________/_________

Are your immunizations up to date ☐ Yes ☐ No

Last tetanus shot _____/______/____

Last measles shot ______/______/___

Last TB skin test ______/______/___

		YES	NO
1.	Have you ever been hospitalized?	☐	☐
2.	Have you ever had surgery?	☐	☐
3.	Are you presently taking any medications or pills?	☐	☐
4.	Have you ever passed out during or after exercise?	☐	☐
5.	Have you ever been dizzy during or after exercise?	☐	☐
6.	Have you ever had chest pain during or after exercise?	☐	☐
7.	Do you tire more quickly than your friends during exercise?	☐	☐
8.	Have you ever had high blood pressure?	☐	☐
9.	Have you ever been told that you have a heart murmur?	☐	☐
10.	Have you ever had racing of your heart or skipped beats?	☐	☐
11.	Has anyone in your family died of heart problems or sudden death before age 50?	☐	☐
12.	Do you have any skin problems *(itching, rashes, acne)*?	☐	☐
13.	Have you ever had a head injury?	☐	☐
14.	Have you ever had a concussion? If yes, how many_______	☐	☐
15.	Have you ever been knocked out or unconscious?	☐	☐
16.	Do you suffer from migraines?	☐	☐
17.	Have you ever had a seizure?	☐	☐
18.	Have you ever had a stinger, burner or pinched nerve?	☐	☐
19.	Have you ever had heat or muscle cramps?	☐	☐
20.	Have you ever been dizzy or passed out in the heat?	☐	☐
21.	Do you have trouble breathing or do you cough during or after activity?	☐	☐
22.	Do you use any special equipment *(pads, braces, neck rolls, mouth guards, eye guards, etc.)*?	☐	☐
23.	Have you ever had problems with your eyes or vision?	☐	☐
24.	Do you wear glasses or contacts or protective eye wear?	☐	☐
25.	Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints?	☐	☐

___Head ___Shoulder ___Thigh ___Neck ___Elbow ___Knee ___Chest
___Forearm ___Shin/calf ___Back ___Wrist ___Ankle ___Hip ___Hand

		YES	NO
26.	Have you ever had other medical problems *(infectious mononucleosis, diabetes, etc.)*?	☐	☐
27.	Have you had any medical problem or injury since your last evaluation?	☐	☐
28.	Are you Diabetic?	☐	☐
29.	Are you Asthmatic?	☐	☐
30.	Do you have any allergies *(medicine, bees or other stinging insects)*??	☐	☐

List all allergies: ____

31. When was your first menstrual period? ____

When was your last menstrual period? ____

What was the longest time between your periods last year? ____

32. Explain all "yes" answers: ____

____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and give consent for my student to be examined.

Student Signature: ____ Date: __________________

Parent/Guardian Signature: ____ Date: __________________

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

STUDENT HEALTH REVIEW/EXAM

SECTION B: To be completed by physician, physician assistant or advanced nurse practitioner

This form to be sent to the school (do not send to ASAA)

Student Last Name | **Student First Name** | **MI** | **Date of birth** ____/____/____ | **Grade**

Height | **Weight** | **Blood Pressure** | **Pulse**

Vision — Right Eye 20/ | **Vision — Left Eye** 20/ | **Vision Corrected?** ☐ Yes ☐ No | **Pupils**

	NORMAL	ABNORMAL FINDINGS	INITIALS
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:
- ☐ Cleared
- ☐ Cleared after completed evaluation/rehabilitations for (Specific Sports): ____________
- ☐ Not cleared for: ☐ Collision ☐ Contact ☐ Noncontact ☐ Strenuous ☐ Moderately Strenuous ☐ Nonstrenuous

Due to: ____

____

Name of M.D., P.A. or ANP (circle which) | **Signature** | **Date** ____/____/____

Address | **Phone**

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