

Charlotte Athletic Training
Athletic Physical Examination

This annual form must be completed and returned before the student will be permitted to practice or play.

Name: _____
Last
First
Middle

Local Address: _____
Street
City
State
Zip

Age: _____ Date of Birth _____ Local Telephone # _____

Sport: _____ Social Security # _____

MEDICAL HISTORY

	Have you ever or have you now	Yes	No	Remarks(dates, etc)
1	Dizzy or fainting spells			
2	Frequent or severe headaches			
3	How many meals do you eat each day, How many snacks			
4	Chronic or persistent cough			
5	Shortness of breath after mild exertion			
6	Chest pain after exertion			
7	Frequent leg cramps			
8	Unexplained tiredness or fatigue			
9	Heat exhaustion or stroke			
10	Head injury which required x-rays			
11	Back injury or recurrent low back pain			
12	Neck injury (whiplash or pinched nerve)			
13	What have you eaten in the last 24 hours			
14	Broken bone			
15	Injury of shoulder, elbow, wrist, hip, knee, ankle			
16	What is your present weight			
17	Are you happy with this weight? If not, what would you like to weigh			
18	Epilepsy or convulsions			
19	Asthma/Allergies (medication, etc)			
20	Have you ever been diagnosed with Anemia			
21	Diabetes or low blood sugar			
22	Rheumatic fever			
23	Are there certain food groups you refuse to eat			
24	Heart murmur or Heart disease?			
25	Hepatitis			
26	Mononucleosis			

		Yes	No	Remarks (dates,etc)
27	Has a Doctor ever told you that you have sickle cell anemia			
28	Do you have the Sickle Cell Trait			
29	Have you ever had Exertional Rhabdomyolysis Kidney failure or Endocrine disorders			
30	Have you or are you currently taking any recreational drugs, prescribed drugs , supplements, performance enhancers			
31	Hernia			
32	Have you ever had high blood pressure, high cholesterol?			
33	Have you ever had racing of your heart or skipped heart beats?			
34	Has anyone in your family died of heart problems or SCD (sudden cardiac death) before age 50? Does anyone in your family have a heart problem?			
35	Has a physician ever denied your participation in sports for a cardiac reason?			
36	Have you ever passed out or nearly passed out during or after exercise?			
37	Has a doctor ever ordered a test for your heart (e.g., electrocardiography, echocardiography)			
38	Has anyone in your family died for no apparent reason?			
39	Does anyone in your family have Marfan Syndrome?			

FOR FEMALES ONLY, MALES PROCEED TO QUESTION 54

		Yes	No	Remarks (dates, etc)
40	How old were you when you had your first menstrual period?			
41	How often do you have a period?			
42	How long do your periods last?			
43	How many periods have you had in the last 12 months?			
44	When was your last period?			
45	Do you ever have trouble with heavy bleeding?			
46	Do you have questions about tampon use?			
47	Do you ever experience cramps during your period?			
48	If so, how do you treat them?			
49	Do you take birth control pills or hormones?			
50	Do you have any unusual discharge from your vagina?			
51	When was your last pelvic exam?			
52	Have you ever had an abnormal PAP smear?			
53	How many urinary tract infections (bladder or kidney) have you had?			

HAVE YOU EVER

		Yes	No	Remarks (dates, etc)
54	Been knocked unconscious			
55	Bled excessively after injury or tooth extraction			

56	Been diagnosed as having an eating disorder			
57	Wear contact lenses during participation in athletics			
58	Wear a dental appliance			
59	Wear a corrective brace or equipment			
60	Take medications daily for any chronic disease			
61	Been on a diet			
62	Have you ever been advised to have surgery			
63	Have you ever had surgery			
64	Are you now under the care of a physician			
65	Tried to control your weight by vomiting, using laxatives, diuretics, or pills			
66	Has any physician ever advised you not to participate in contact or collision sports?			
67	Do you have any questions about healthy ways to control your weight?			
68	Do you have any other medical problems not mentioned above			
69	Do you know of or do you believe there is any reason why you should not participate in the Charlotte Athletic Program at this time?			
70	Have you ever wished that you were dead?			
71	Have you ever wanted to hurt yourself?			

I certify that the above information is true and correct to the best of my knowledge.

Signature of athlete _____ Date _____