

Alabama Christian Athletic Association

Medical History / Physical Form

HISTORY

Date _____
 Name _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 School _____ Grade _____ Sport _____

Check Yes or No

Explain "Yes" answers below:	Yes ✓	No ✓
1. Has a doctor ever restricted/denied your participation in sports?		
2. Have you ever been hospitalized or spent a night in a hospital?		
Have ever had surgery?		
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?		
4. Are you presently taking any medications or pills (prescription or over-the-counter)?		
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?		
6. Have you ever passed out during or after exercise?		
Have you ever been dizzy during or after exercise?		
Have you ever had chest pain or discomfort in your chest during or after exercise?		
Do you tire more quickly than your friends during exercise?		
Have you ever had high blood pressure?		
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?		
Have you ever had racing of your heart or skipped heartbeats?		
Has anyone in your family died of heart problems or a sudden death before age 50?		
Does anyone in your family have a heart condition?		
Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?		
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?		
8. Have you ever had a head injury or concussion?		
Have you ever been knocked out or unconscious?		
Have you ever had a seizure?		
Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?		
9. Have you ever had heat or muscle cramps?		
Have you ever been dizzy or passed out in the heat?		
10. Do you have trouble breathing or do you cough during or after activity?		
Do you take any medication for asthma (for instance, inhalers)?		
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?		
12. Have you had any problems with your eyes or vision?		
Do you wear glasses or contacts or protective eye wear?		
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?		
14. Have you had a medical problem or injury since your last evaluation?		
15. Have you ever been told you have sickle cell trait?		
Has anyone in your family had sickle cell disease or sickle cell trait?		
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? () Head () Back () Shoulder () Forearm () Hand () Hip () Knee () Ankle () Neck () Chest () Elbow () Wrist () Finger () Thigh () Shin () Foot		
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers:		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

STUDENT / ATHLETE

Medical Release Form

Alabama Christian Athletic Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student / Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director; 2) Coaches; 3) Trainers; 4) School Administration;
- 5) Insurance agent (Planned Benefits services)

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

School: _____

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

Date: _____

(Copy One Form Per Athlete)

MEDICAL RELEASE FORM

Guidelines

Please copy one form per athlete.

The top two signatures are if the parent(s) grants permission for medical information to be discussed with school personnel.

The bottom two signatures are if parent(s) does not grant permission for medical information to be discussed with school personnel.

Keep signed forms on file in the school office.

Give the coaches a copy of each form to keep with them if needed at away games.

If you have any questions, please call the ACAA office.