



AGAWAM HIGH SCHOOL

Athletic Department

GRADE _____ DATE of EXAM _____

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Address _____ Telephone _____

Physician _____ Telephone _____

Sport(s) _____

MEDICAL INFORMATION

1. Has your child had any medical problem or condition that the school should be aware of relating to sports participation? Any serious illness or injury? Yes ___ No ___ If yes, explain: _____

2. Has your child had a Tetanus Booster within the past ten years? Yes ___ Date _____ No ___

3. Do you know of any reason for your child not to participate in any sports? Yes ___ No ___ If yes, explain: _____

4. Has your child had any significant injury or illness in the past, which has not been described above? If so, what? Please give dates of injury or illness: _____

5. Has your child ever had:	Is there any family history of:	Has your child had any injuries to:
Mononucleosis ___	Diabetes ___	Head (how many?) ___ Shoulder ___
High blood pressure ___	Heart Disease ___	Neck ___ Knee ___
Asthma ___	Seizures ___	Ankle ___ Heart Illness ___
Seizures ___		Fractures (be specific) _____
Diabetes ___		
Concussions ___ How many? ___ When was the last one? _____		

6. Explain the above injuries or other **not** checked off: _____

7. Is any medication taken? ___ If yes, what and why? _____

8. Does your child carry the medication with him/her? _____

9. Allergy to any medication? _____

10. Does your child have any allergies (i.e. bee stings): _____ Does he/she take medication for the allergy? ___ If yes, what? _____

11. Does your child wear eye glasses? ___ When he/she participates in sports? _____

12. Does your child wear contact lenses? ___ Soft or Hard? _____

13. Does your child wear any protective braces or devices? _____

PHYSICAL EXAMINATION/DISQUALIFICATIONS

STATE REGULATIONS (MIAA POLICY) – All students must pass a physical examination within one year before participating in any sport. Physical examinations must be performed by the appropriate medical authority as defined by the MIAA Sports Medicine Committee. Currently the definition is a duly registered physician. In addition, Physicians' Assistants and Nurse Practitioners may administer school physicals under provisions of existing State law.

SCHOOL/PRIVATE PHYSICIAN

I have on this date examined this student and on the basis of the examination and the student's medical history, I have found no reason which would make it medically inadvisable for this student to compete in strenuous contact and non-contact interscholastic athletic activities.

Signed: _____ M.D. Date of exam _____

Height _____ Weight _____ Blood pressure _____

I do Do not give permission for the school physician to do a physical exam on my son/daughter.

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT

Signature of Athlete/Date _____ Signature of Parent-Guardian/Date _____