

**MADERA UNIFIED SCHOOL DISTRICT  
FAMILY HISTORY AND PHYSICAL FORM**

SPORT \_\_\_\_\_

Student's Name \_\_\_\_\_ ID # \_\_\_\_\_  
LAST NAME FIRST NAME

What school did you attend last year? \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

1. Have you had a medical illness or injury since your last check up or sports physical? YES NO  
Do you have an ongoing or chronic illness? YES NO
2. Have you ever been hospitalized overnight? YES NO  
Have you ever had surgery? YES NO
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? YES NO  
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? YES NO
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO  
Have you ever had a rash or hives develop during or after exercise? YES NO
5. Have you ever passed out during or after exercise? YES NO  
Have you ever been dizzy during or after exercise? YES NO  
Have you ever had chest pain during or after exercise? YES NO  
Do you get tired more quickly than your friends do during exercise? YES NO  
Have you ever had racing of your heart or skipped heartbeats? YES NO  
Have you ever been told you have a heart murmur? YES NO  
Has any family member or relative died of heart problems or of sudden death before age 50? YES NO  
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO  
Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO
7. Have you ever had a head injury or concussion? YES NO  
Have you ever been knocked out, become unconscious, or lost your memory? YES NO  
Have you ever had a seizure? YES NO  
Do you have frequent or severe headaches? YES NO  
Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO  
Have you ever had a stinger, burner, or pinched nerve? YES NO
8. Have you ever become ill from exercising in the heat? YES NO
9. Do you cough, wheeze, or have trouble breathing during or after activity? YES NO  
Do you have asthma? YES NO  
Do you have seasonal allergies that require medical treatment? YES NO

10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? YES NO
11. Have you had any problems with your eyes or vision? YES NO  
Do you wear glasses, contacts, or protective eyewear? YES NO
12. Have you ever had a sprain, strain, or swelling after injury? YES NO  
Have you broken or fractured any bones or dislocated any joints? YES NO  
Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? YES NO

- If yes, circle appropriately and explain below.*
- |           |         |           |
|-----------|---------|-----------|
| Head      | Elbow   | Hip       |
| Neck      | Forearm | Thigh     |
| Back      | Wrist   | Knee      |
| Chest     | Hand    | Shin/Calf |
| Shoulder  | Finger  | Ankle     |
| Upper arm |         | Foot      |
13. Do you want to weigh more or less than you do now? YES NO  
Do you want to lose weight regularly to meet weight requirements for your sport? YES NO
  14. Do you feel stressed out? YES NO
  15. Record the dates of your most recent immunizations (shots) for:  
Tetanus \_\_\_\_\_ Measles \_\_\_\_\_  
Hepatitis B \_\_\_\_\_ Chickenpox \_\_\_\_\_

- FEMALES ONLY**
16. When was your first menstrual period? \_\_\_\_\_  
When was your most recent menstrual period? \_\_\_\_\_  
How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
How many periods have you had in the last year? \_\_\_\_\_  
What was the longest time between periods in the last year? \_\_\_\_\_  
**Explain "YES" answers here:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

➔ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ ➔ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or legal guardian) (Student)

**PHYSICAL EXAMINATION**

LIABILITY WAIVER: I agree to indemnify and hold the physician named below harmless against responsibility for injuries or illness incurred by my student-athlete while participating in athletics.

➔ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_) Urine \_\_\_\_\_ Pulse \_\_\_\_\_

All students participating in athletics must have a physical examination. I hereby certify that I have examined \_\_\_\_\_ and found him/her to be physically fit to engage in sports.

**STUDENT'S NAME**

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FORM

**PARENTAL PERMISSION:** I hereby give my consent for \_\_\_\_\_ to engage in approved athletic activities, except those prohibited by the examining physician. I also give my consent for my child to travel with a representative of the school district on interscholastic athletic trips. In the event this student is injured, the school district official is hereby granted my permission to administer first aid and to secure medical treatment.

STUDENT'S NAME

**WARNING:** PARTICIPATION IN ATHLETICS MAY RESULT IN SEVERE INJURY, INCLUDING PARALYSIS AND DEATH. CHANGES IN RULES, IMPROVED CONDITIONING PROGRAMS, BETTER MEDICAL COVERAGE AND IMPROVEMENTS IN EQUIPMENT HAVE REDUCED THESE RISKS BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCES IN ATHLETICS.

➡ Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

---

**INSURANCE STATEMENT:** Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. Students must have insurance before they are allowed to practice and participate in athletic programs. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Healthy Families at 1-800-880-5305.

California school law (Education Code 32220-24) requires every member of an athletic team to have bodily injury insurance providing at least \$1500 of scheduled medical and hospital benefits. The Madera Unified School District makes available upon request insurance through a private insurance company for all students which will meet the education code insurance requirements.

- I have Medi-Cal coverage: No \_\_\_\_\_ Yes \_\_\_\_\_ Card # \_\_\_\_\_
- I have private medical insurance coverage: No \_\_\_\_\_ Yes \_\_\_\_\_ Name of company \_\_\_\_\_
- I am purchasing the private insurance that is being made available by MUSD: No \_\_\_\_\_ Yes \_\_\_\_\_ \*\*\*  
\*\*\* This insurance must be paid for before a student is allowed to participate
- I hereby guarantee to keep medical insurance coverage in force, which meets or exceeds legal requirements for the entire duration that my child participates in athletics.

➡ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE COMPLETE INSURANCE INFORMATION BEFORE SIGNING)

---

### **ACKNOWLEDGEMENT:**

- I/We, the parent/guardian and student-athlete have received, read and understand the MUSD Student & Parent Guardian Athletic Handbook and acknowledge that violations of any policies may result in disciplinary consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.
- I/We understand and agree that we are financially responsible for any items lost, stolen or damaged by my child. I/We agree to attend a pre-season parent meeting.
- I/We recognize that under CIF Bylaw 200.D, there could be penalties for false or fraudulent information. I/We also understand that the MUSD policy regarding the use of illegal drugs will be enforced for any violations of these rules.

➡ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

➡ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**NOTIFICATION AND DIRECTORY INFORMATION:** If you do not object to the Athletic Director's office releasing your child's name or other pertinent information to the news media, interested schools, parent-teacher associations, interested employers and similar parties, please sign the YES line below. If you do object, please sign the NO line.

➡ \_\_\_\_\_  
Yes, it is permissible to release my child's name

\_\_\_\_\_   
No, I do not want my child's name released