



PHYSICAL EXAMINATION

Mach 5 Athletics Inc.

MEDICAL INFORMATION

| | | | |
|-------------------|---------|---------|-------------|
| Participant Name: | Age: | Grade: | Sex: M or F |
| Physician Name: | Home #: | Work #: | |

| PATIENT HEALTH HISTORY | | | TO BE COMPLETED BY PHYSICIAN | | | | |
|---|-----|----|------------------------------|--------------|----|---------------|-----------|
| Parents or guardian, please answer yes or no to the following questions | | | Vitals | Satisfactory | | Exam Comments | Follow Up |
| | Yes | No | | Yes | No | | |
| Chronic or Recurrent Illness | | | Height | | | | |
| Hospitalization | | | Weight | | | | |
| Operations | | | BP | | | | |
| Taking Medication | | | Pulse | | | | |
| Organs Missing | | | General: | | | | |
| Heat Exhaustion | | | Head | | | | |
| Dizziness, Fainting, Seizures | | | Eyes | | | | |
| Knocked Out | | | Ent | | | | |
| Wear Glasses / Contacts | | | Dental | | | | |
| Hearing Problems | | | Chest | | | | |
| Allergic to Medication | | | Heart | | | | |
| High Blood Pressure | | | Abdomen | | | | |
| Bone, Joint, Spine Injury | | | Genitalia | | | | |
| Liver, Spleen, Kidney or Skin Problems | | | Skin | | | | |
| Experienced any heart related problems? | | | Extrem, Back, Neck | | | | |
| Is the participant currently taking any medications? If so, list: | | | Comments: | | | | |

| | |
|---|--|
| <p>The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mentioned student to participate in activities. I understand the risk of injury in athletic participation.</p> | <p>Sports Participation approved: ____ Yes ____ No ____ Deferred Comments: _____</p> |
| X | X |
| Signature of Parent or Guardian / Date | Signature of Physician / Date |