## St. Vrain Valley School District Student Medical History and Screening

The medical history information is helpful to physicians screening athletes so they may participate in district athletic programs safely, and it expedites the screening process. You and your student are REQUIRED to complete the form together and it must be presented at screening. The form, and any further clearance items specified by the form, must be on file with the school administration before your student is allowed to participate in athletics. If any problems arise between the time of this sports exam and the beginning of your sport, bring them to the attention of your primary physician. This screening is not a substitute for a normal physical exam performed by your personal physician. Your signature releases the physicians and the district from any responsibility. Screening is valid for (1) calendar year unless otherwise indicated. Physicians performing these screenings are participating on a volunteer basis and are hereby relieved of any liability for outcomes related to athletic participation by by the students.

lain "Yes" answers balow. de questions you don't know the answers to. lave you had a medical illness or injury aince your ast check up or sports physical?	Yes	No O	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knes brace, special neck roll, foot orthotics, retainer on your	O	No
Do you have an ongoing or chronic illness?			tooth, hearing aid)?	-2 D	Ò
Have you ever been hospitalized overnight?	Ü	Ö	Have you had any problems with your eyes or vision Do you wear glasses, contacts, or protective eyews		0
Have you ever had surgery?	0		Have you ever had a sprain, strain, or swelling after		0
Are you currently taking any prescription or nonprescription (over-the-counter) medications or			injury? Have you broken or fractured any bones or disloca any joints?		
pills or using an inhaler?  Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your		Ω	Have you had any other problems with pain or ewelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below.	0	
performance?			☐ Head ☐ Elbow ☐ Hip		
Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			□ Neck □ Forearm □ Thigh □ Back □ Wrist □ Knee		
Have you ever had a reah or hives develop during or			☐ Back ☐ Wrist ☐ Knee ☐ Chest ☐ Hand ☐ Shin/e	na H	
after exercise?	507	San	Shoulder [] Finger D Ankle		
Have you ever passed out during or after exercise?		D	☐ Upper arm ☐ Foot		
Have you ever been dizzy during or after exercise?					
Have you ever had cheet pain during or after exercise?		$\Box$	Explain "Yes" answers here:		
Do you get tired more quickly than your friends do during exercise?	Ω	[]		1711200E	
Have you ever had racing of your heart or akipped heartbeats?			V.		
Have you had high blood pressure or high cholesteroi?					
Have you ever been told you have a heart murmur?	C)				
tas any family member or relative died of heart problems or of sudden death before age 50?	ם	LI			
Have you had a severe viral infection (for example, myocarditie or mononucleosis) within the last month?		כז			
Has a physician ever denied or restricted your participation in sports for any heart problems?	D				- 4
Do you have any current skin problems (for example, itching, rashes, acue, warts, fungus, or blisters)?		U			-
Have you ever had a head injury or concussion?					
Have you ever been knocked out, become unconscious, or lost your memory?		ם	Kinapatin and a salah sa		
Have you ever had a seizure?					
Do you have frequent or severe headaches?	(1)				
Have you ever had numbness or tingling in your arms, hands, logs, or feet?		n			
Have you ever had a stinger, burner, or pinched nerve		0			
Have you ever become ill from exercising in the heat? Do you cough, wheeze, or have trouble breathing during or after activity?	0	D D			
Do you have sattime?	12	O			
Do you have seasonal allergies that require medical treatment?	נו	n			

Age	rade School		S	ports(s)			
Phone (H)	ddress			ports(s)	Phone	e	
Phone (H)	i case of emergenc	v. contact:					
Intice to Parents and Student Athletes: Front Range Orthopedic Center (FROC) intract with St. Vrain Valley School District (SVVSD) to provide onsite personnel orthopedists, athletic trainers, and other medical providers at practices and games. Owever, it is understood that any student-athlete with a previous relationship with, quests to see another physician, will be under no obligation to receive care from Blood Pressure #1 #2 Ht	ame	(1/2) 					
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Final Physician Name: Date:						Date:	

Final Clearance Physician Signature: