**St. Joseph High School** 4120 S. Bradley Road, Santa Maria, CA 93455 805-937-2038

# 2025-26 PHYSICAL FORM

## **HISTORY FORM--PG 1 of 2**

Parents, please fill out prior to physical. Explain "Yes" answers below. Circle questions you don't know the answer Yes No  1. Has a doctor ever denied or restricted your participation in sports for any reasons.  2. Do you have an ongoing medical condition?  3. Are you currently taking any medicines?  4. Do you have allergies to medicine, foods ete?  5. Have you ever passed out or nearly passed out DURING exercise?  6. Have you ever passed out or nearly passed out AFTER exercise?  7. Have you ever based out or nearly passed out AFTER exercise?  8. Does your heart race or skip beats during exercise?  9. Has a doctor ever told you that you have:  11. Anyone in your family have a hard murmur High cholesterol A heart infection  12. Anyone in your family have a heart meron?  13. Has any family member or relative died of heart problems or sudden death before age 50?  14. Anyone in your family have a Marfan syndrome?  15. Ever spent the night in a hospital?  16. Ever had a surgery?  17. Ever had an injury like a sprain, muscle or ligament tear or tendonitis that caused you to miss practice/game?  18. Ever had an injury like a sprain, muscle or ligament tear or tendonitis that caused you to miss practice/game?  19. Ever had a surgery?  10. Ever had a surgery?  11. Ever had an beno or joint injury that required x-rays, MRI. CT, surgery, injections, rehab, physical therapy, a brace, cast or crutches? If yes, circle below.  10. Ever had a stress fracture?  21. Ever had a stress fracture?  22. Ever been told that you have or had an x-ray for Adlantoxial (neck) shoulder Upper arm Elbow Forearm Hand/fingers Ches Back Hip Thigh Knee Call/shin Ankle Foot/toes  22. Ever heen confused in the last 12 months?  23. Ever had a nemeral period?  24. An you on inyour family shour and the cancel or the fact of the cancel for the fact of the fact			ex: M / F	Age:	City	Date of Birth:	(2025-26) Grade: Phone:	:	_
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PARENT PERMISSION FOR STUDENT TO PARTICIPATE IN ATHLETIC COMPETITION AND FOR THE PHYSICAL TO BE PERFOR		•							

## PHYSICAL FORM 2025-26

## **EXAMINATION FORM—PG 2**

Student's Name	e:			Date of Birth:	
Height:	Weight:	Pul	se:	BP:	
Medical		Normal	Abnormal		Initia
Appearance					
Eyes/ears/nose/throa	at				
Hearing					
Lymph nodes					
Heart					
Murmurs					
Pulses					
Lungs					
Abdomen					
Genitourinary (male	es only)				
Skin					
Musculoskeletal					
Neck					
Back					
Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh Knee					
Leg/ankle					
Foot/toes					
·	n ( <b>Please print / type</b> ):			Date:	
"This is for athle conditions may e comprehensive e	etic participation only exist which may not be valuation and screening	and is not int identified by ng."	tended to be a comy this screening. Y	nprehensive medical evalue Your personal doctor shoult ear to participate in at	ld be contacted for
Please print all info		sent for Emo	ergency Treatme	ent in Advance	
Athlete's Last Name:	Fi	rst:	Middle:	Date of Birth:	
Address:	Ci	ty:	Phone:		
Allergies:			Medications: _		_
Personal Doctor:			Doctor's Phone	e:	_
				: Work:	
				l: Work:	
Other Emergency Con				Cell:	

"We, the parents/guardians of the above named athlete, do hereby consent to any and all emergency medical, hospital and surgical care that may be necessary by a physician, without obtaining further consent provided that the hospital is unable to reach us at the phone numbers listed above.