

Stone Ridge Christian Athletic Physical Questionnaire

Name: _____

Grade: _____

Answer the following questions:	YES	NO
1) Have you ever been hospitalized?		
2) Have you ever had surgery?		
3) Are you currently taking any medications?		
4) Do you have any allergies? (Medications, Bees, etc...)		
5) Has your heart ever raced or skipped beats?		
6) Has anyone in your family died of heart problems or a sudden death before age 40?		
7) Have you ever been dizzy or passed out in the heat?		
8) Have you ever been knocked out?		

Have you had or experienced any of the following? (Check all that apply to you)			
Passing out during exercise		Dizziness during exercise	
Chest Pain		High Blood Pressure	
Heart Murmur		Head Injury	
Seizure		Heat Cramps	

Have you had any of the following? (Check all that apply to you)			
Mononucleosis		Diabetes	
Hepatitis		Headaches (frequent)	
Asthma		Eye Injuries	
Tuberculosis		Stomach Ulcer	

Have you ever injured any of the following? (Sprained, dislocated, fractured) (Check all that apply to you)					
Hand		Shoulder		Thigh	
Wrist		Neck		Knee	
Forearm		Chest		Shin / Calf	
Elbow		Back		Ankle	
Arm		Hip		Foot	

Height	Weight	Rt. Eye Vision	Lt. Eye Vision	Blood Pressure

	Pass	Needs Consultation	Disqualify
Ears / Nose / Throat			
Heart and Lungs			
Orthopedics			
Hernia			

NOTES:

Doctor's Signature: _____

Date: _____