



ATHLETE PHYSICAL AND RELEASE FORMS (PLEASE PRINT)

Form fields for Athlete Name, Nick Name, Address, City, State, Zip, Parent/Guardian Name, Address, City, State, Zip, Emergency Contact, Parent Guardian Employer, Health Insurance Company, Person Completing Form, Date, Relationship to Athlete, Male, Female, Birthday, Home Phone, County, Work Phone, Home Phone, Policy #.

- 1. Diabetes
2. Seizures/ Epilepsy
3. Heart Disease/Heart Defect/High Blood Pressure
4. Chest Pain or Fainting Spells
5. Parent/Sibling (under 40) with heart disease
6. Down Syndrome
Has cervical spine x-ray been completed for Atlanto-axial Instability?
X-ray results: positive/negative
7. Absence of Vision/blind one or both eyes
8. Absence of one kidney or testicle
9. Major surgery or serious illness
10. Heat stroke/exhaustion
11. Concussion or serious head injury
12. Other problems that would interfere w/sports
List

Table with 2 columns: YES, NO. Rows corresponding to medical conditions listed on the left.

MEDICATIONS:

COMMENTS:

ALLERGIES:

Form fields for Allergies: Food, Medications, Insects stings/bites.

Form fields for Blood Pressure, Height, Weight, Respiration, Pulse, Date of last Tetanus shot, Immunizations up-to-date.

To be filled out by a Licensed Examiner:

If history was completed by an adult athlete - I have reviewed the health history with the athlete whose signature appears above.

Examiner's Note: If the athlete has Down Syndrome, Champion Athletes of the Ozarks requires a full radiological examination establishing the absence of Atlanto-axial Instability before he or she may participate in sports or events which by nature may result in hyperextension, radical flexion or direct pressure on the neck or upper spine.

I have reviewed the above health information and examined the athlete named above, and certify there is no medical evidence available to me which would preclude the athlete's participation in Champion Athletes of the Ozarks.

Form fields for EXAMINER'S SIGNATURE, DATE, EXAMINER'S NAME, ADDRESS, PHONE.

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