



Fremont Union High School District

Physical Exam Form - Part 1

Student/Athlete's Health History (Required)

Student ID# 5201926

School:	Monta Vista	School Year:	2020-2021	Sports/Activities Trying Out for:	Wrestling	
Last Name:	Ross	First Name:	Alice	M.I.:	H	
Grade:	9	Home Ph:	408-585-8292	Date of Birth:	August 15, 2006	Age: 14 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Home Address:	10151 Amelia Court			City:	Cupertino	Zip: 95014
Name of Family Doctor or Medical Clinic/Hospital:	Kaiser Permanenta Santa Clara/ Dr Mariam Mak					
Street Address of Doctor or Medical Clinic/Hospital:	1st Floor Dept. 190, 710 Lawrence Expy, Santa Clara, CA 95051					
City:	Santa Clara	Zip:	95051	Doctor's Office Phone Number:	1-408-554-9810	

STUDENT'S HEALTH HISTORY: To be completed by the Parent/Guardian and reviewed by the doctor at time of the student's Physical Exam. Parents, please check (✓) "Yes" or "No" to the questions below about your child's health history.

Date of student's last Diphtheria/Tetanus shot? (month/day/year) 2/3/2018

Has the student had any:	Yes	No
1. Chronic or recurrent illness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Illness lasting over 1 week?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Hospitalization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Surgery other than removal of tonsils?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Missing organs (eye, kidney, testicle)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Problems with heart or shortness of breath during exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Dizziness or fainting with exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Fainting, bad headaches, or convulsions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Concussion or loss of consciousness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Heat exhaustion, heatstroke, or other problems with heat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this student:		
11. Wear eyeglasses or contact lenses?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Wear dental bridges, braces, or plates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Take any medications? If so, please list them below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is there any history of:	Yes	No
14. Injuries requiring Doctor's treatments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Neck or back injury?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Knee injury?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Shoulder or elbow injury?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Ankle injury?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Other serious joint injury?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Broken bones or fractures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Other serious injury?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Further History:		
22. Is there any reason why this student should not participate in sports?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Has any family member died suddenly at less than 40 years of age of causes other than an accident?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Has any family member had a heart attack at less than 35 years of age?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Use the space below to explain any questions above that you answered "yes" to:

Medications your son/daughter is currently taking:

injured patellar tendon; no surgery required; fully healed

none

Parent's/Guardian's & Student's Acknowledgement

I have reviewed and agree with the information presented on this form. I also understand that the Physical Examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal doctor. I do not know of any reason why the above-named student should not participate and represent his/her school in supervised athletic activities.

Signature of Parent/Guardian: Jane Ross

Date (mo/day/year):

08/06/2020

Signature of Student/Athlete: Alice Ross

Date (mo/day/year):

08/06/2020