

BACS Medical History Form

This Medical History Form must be submitted to the athletic department in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in athletic events.

During the past 12 months	Yes	No
1. Was s/he hospitalized?	_____	_____
2. Did s/he have any injuries requiring medical attention?	_____	_____
3. Did s/he have any illness lasting more than a week?	_____	_____
4. Does s/he take medication regularly?	_____	_____
5. Do you know of any reason why there should be limits in his/her participating in any sport?	_____	_____
6. Has s/he ever had a concussion or been knocked unconscious?	_____	_____
7. Has s/he ever had a convulsion?	_____	_____
8. Is s/he now under a doctor's care?	_____	_____
9. Is s/he missing any paired organ (eye, kidney, etc.)?	_____	_____
10. Is s/he wearing any removable dental appliance (bridge, plate, retainer)?	_____	_____
11. Is s/he allergic to any medication (aspirin, Tylenol, etc.)?	_____	_____
12. What year was the last tetanus booster given?	_____	_____

It is understood that even though the athlete whenever needed wears protective equipment, the possibility of an accident still remains. Neither Texas Association of Private and Parochial Schools, nor Bay Area Christian School assumes the responsibility in case an accident occurs. If, in the judgment of any representative of BACS, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such a care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person because of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness should occur that might limit this student's participation, I agree to notify the school authorities of such illness or injury.

Student Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

BACS MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM

**** Must be completed before a student participates in any practice****

Students Name _____ circle one Male Female

Parent/Guardian _____ Student Date of Birth _____

Family Doctor or Clinic's Name _____ Phone # _____

Family Dentist or Clinic's Name _____ Phone # _____

OVER

As a minimum requirement, this Physical Examination Form **must be completed** prior to high school/junior high competition. It must be completed if there are "yes" answers to specific questions on the student's medical History Form on the reverse side.

COMPLETE BLANK SPACES

To be completed by examining physician

Weight _____ Height _____ Pulse _____ Blood Pressure _____

Legend: N = Normal X = Abnormal NE = Not Examined

General Body Build _____ Skin _____ Eyes _____ Nose _____ Throat _____

Teeth _____ Neck _____ Lungs _____ Heart _____ Chest _____ Liver _____

Spleen _____ Spine _____ Abdominal Masses _____

Description of abnormal findings: _____

I certify that I have examined this student and s/he may compete in supervised school activities with the exception of the following specific activities (please circle any activity from which this student should be excluded):

Baseball Basketball Cross Country Golf Soccer Softball Volleyball

Cheerleading Track & Field Football Tennis Swimming

Special Instructions or Special Limitations: _____

Printed Name of Physician: _____

Physician's address: _____

Physician's Signature: _____ Exam Date: _____