BASTHIMS 3 Anomine 2 Diabetes 2 Infections Other:	Patient Medical History for Pre-Participation Physical Name												
No. 2. Do you have any one-going medical conditions 1 los, please identify 3-Athma 3 Diabetes 1 linkeriums 1 lin	GENERAL	QUESTION	S - Circle "Yes" or "No" for each question.										
### B. Alsew you were pasted using the heapstal in the hospital? **No	YES	NO	1. Has a doctor ever denied or restricted your participation in sports for any reason?										
No. 3. Have you ever spent the night in the hospital?	YES	NO	2. Do you have any ongoing medical conditions? If so, please identify										
No. 4. Have you ever had surgery?			2 Asthma 2 Anemia 2 Diabetes 2 Infections Other:										
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YES NO 22. Do you regularly use a brace, orthotics, or other assistive device? YES NO 23. Do you have a bone, muscle, or joint injury that bothers you? YES NO 25. Do you have any history of juvenile arthritis or connective tissue disease? MEDICAL QUESTIONS - Grede "Yes" or "No" for each question. YES NO 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? YES NO 27. Have you ever used an inhaler or taken asthma medicine? YES NO 28. Is there anyone in your family who has asthma? YES NO 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? YES NO 30. Do you have groin pain or a painful bulge or hernia in the groin area? YES NO 31. Have you and infectious mononucleosis (mono) within the last month? YES NO 31. Have you had infectious mononucleosis (mono) within the last month? YES NO 32. Do you have any rashes, pressure sores, or other skin problems? YES NO 33. Have you had a hist or blow to the head that caused confusion, prolonged headache, or memory problems? YES NO 34. Have you ever had a hist or blow to the head that caused confusion, prolonged headache, or memory problems? YES NO 35. Do you have headaches with exercise? YES NO 37. Do you have headaches with exercise? YES NO 38. Have you ever bedome ill while exercising in the head? YES NO 39. Have you ever become ill while exercising in the head? YES NO 40. Have you ever become ill while exercising in the head? YES NO 41. Do you get frequent muscle cramps when exercising? YES NO 42. Do you or someone in your family have sickle cell trait or disease? Relation YES NO 45. Do you wear protective eyewear, such as goggles or a face shield? YES NO 46. Do you wear protective eyewear, such as goggles or a face shield? YES NO 47. Do you worry about your weight? YES NO 59. Have you ever had an eating disorder? YES NO 49. Are you or a special diet or do you avoid certain types of foods? YES NO 50. Have you ever had an eating disorder? YES NO 50. Have you ever had an eating disorder	YES	NO	20. Have you ever had a stress fracture?										
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DO NOT UPLOAD THIS PAGE TO PLANET HIGH SCHOOL – THIS IS FOR THE PHYSICIAN'S REFERENCE ONLY – PLEASE COMPLETE THE ONLINE MEDICAL HISTORY

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^{**}ALL PHYSICALS MUST BE DATED PER SC HIGH SCHOOL LEAGUE ELIGIBILITY RULES**