

Boonton Parks and Recreation Medical Form

Medical History Questionnaire

Today's Date: _____

* Date of Last Physical: _____
Date of Last Tetanus: _____

*All athletes participating in Boonton Parks and Recreation Department programs must have received a physical examination from a physician within the past 12 months, and the physical examination date must be within the 12 month period of the Boonton Parks and Recreation Department program dates.

Program Name: _____ **Level:** _____ **Start Date:** _____

Athlete's Name: _____ Sex: M F Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information

Name Parent 1: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Name Parent 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Medical Insurance Information

Medical Insurance Company Name: _____

Policy / Group Number: _____

Name of Policy Holder: _____ Relationship: _____

Medical History

Please answer the following questions about the student athlete. Explain all "yes" responses at the end of the questionnaire. Please respond to ALL questions.

Have you or do you currently have:

YES NO A sports physical within the past 365 days?

YES NO An injury or illness since your last exam?

YES NO A chronic or ongoing illness (such as diabetes or asthma): _____

YES NO Do you use an inhaler or other prescription medication to control asthma?

YES NO Any prescribed or over-the-counter medications that you take on a regular basis?

YES NO Surgery, hospitalization or any emergency room visit(s)?

YES NO Any allergies to medications?

YES NO Any allergies to bee stings, pollen, latex, or foods?

Type of reaction: circle all that apply.....Rash? Hives? Other skin conditions?

Take any medication / EpiPen taken for allergies symptoms (List in space provided at end)

YES NO Any anemia or blood disorders?

Have you had or do you currently have any of the following head-related conditions since your last physical?

- YES NO Concussion requiring a physician's evaluation?
- YES NO Memory loss or been knocked out?
- YES NO A seizure?
- YES NO Frequent or severe headaches?

Have you had or do you currently have any of the following heart-related conditions since your last physical?

- YES NO Chest pain?
- YES NO Heart murmur?
- YES NO High blood pressure or elevated cholesterol level?
- YES NO Restrictions from sports for heart problems?

Have you had or do you currently have any of the following eye, ear, nose, mouth, or throat conditions since your last physical?

- YES NO Vision problems (*Circle ALL that apply*) Wear contacts, eyeglasses, or protective eye wear?
- YES NO Hearing loss problem?
- YES NO Nasal fractures or frequent nose bleeds?
- YES NO Wear braces, retainer, or protective mouth gear?
- YES NO Frequent strep or any other conditions of the throat?

Have you had or do you currently have any of the following neuromuscular / orthopedic conditions since your last physical?

- YES NO A burner, stinging or pinched nerve?
- YES NO A sprain or strain?
- YES NO Swelling or pain in muscles, tendons, bones, or joints?
- YES NO A dislocated joint?
- YES NO Upper or lower back pain?
- YES NO Fracture(s) or stress fracture(s)?
- YES NO Do you wear any protective braces or equipment for any prior injury?

Have you had or do you currently have any of the following general or exercise related conditions since your last physical?

- YES NO Difficulty breathing: (a) after running one mile; (b) coughing, wheezing, or shortness of breath in weather changes, (c) exercise-induced asthma?
- YES NO Viral infections (e.g. mono, hepatitis)?
- YES NO Heat-related problems (dehydration, dizziness, fatigue, headache)?

Explain all **YES** answers here (include relevant dates):

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature and that my daughter / son (circle) has had a physical examination by a physician within the past year, inclusive of the date of the Boonton Parks and Recreation program in which the athlete will be participating.

Parent / Guardian Signature: _____ Date: _____

Print Name of Athlete: _____

Print Name of Parent / Guardian: _____

Program: _____ Level: _____