



**Junior College
GMC Cadet Physical
HISTORY FORM**

Date of Exam _____ SS#- _____

Name _____ Sex _____ Age _____ Date of birth _____

Sport _____

Home Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone(Cell) _____

1. Has a doctor ever denied or restricted your participation in sports for any reason?	<u>YES / NO</u>	13. Have you ever had surgery?	<u>YES / NO</u>
2. Do you have an ongoing medical condition? (diabetes, asthma, anemia or seizure disorder)?	<u>YES / NO</u>	14. Have you had any recent injuries?	<u>YES / NO</u>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines?	<u>YES / NO</u>	15. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, a brace, a cast, rehabilitation, or crutches?	<u>YES / NO</u>
4. Do you have allergies to medicines, foods, or stinging insects?	<u>YES / NO</u>	If yes, circle below: Head/ Neck/ Shoulder Elbow/ Forearm /Hand Chest/Arm /Fingers Hip /Thigh /Knee /Ankle/ Foot Back/ Shin /Toes	
5. Have you ever passed out DURING/AFTER exercise?	<u>YES / NO</u>	16. Have you ever had a stress fracture?	<u>YES / NO</u>
6. Do you know your Sickle Cell Status?	<u>YES / NO</u>	17. Do you regularly use a brace or assistive device?	<u>YES / NO</u>
7. Does anyone in your family have Sickle Cell Anemia?	<u>YES / NO</u>	18. Have you ever had a concussion?	<u>YES / NO</u>
8. Have you ever had <u>unusual</u> pain in your chest or shortness of breath during exercise?	<u>YES / NO</u>	19. Have you ever had a seizure?	<u>YES / NO</u>
9. Have you ever been diagnosed with any of these problems? If so, circle all that apply: High blood pressure / Heart murmur / High cholesterol / Heart infection / Kawasaki disease / Marfan/Brugada Syndrome	<u>YES / NO</u>	20. Have you <u>ever</u> been diagnosed with asthma?	<u>YES / NO</u>
10. Has a doctor ever ordered a test for your heart? (example: ECG, echocardiogram)	<u>YES / NO</u>	21. Have you ever had a heat related illness?	<u>YES / NO</u>
11. Does anyone in your family have a serious heart condition?	<u>YES / NO</u>	<u>FEMALES ONLY</u>	
12. Has any family member died unexpectedly before age 50?	<u>YES / NO</u>	22. Have you ever had a menstrual period stop due to extended exercise?	<u>YES / NO</u>
		23. How many periods have you had in the last 12 months?	_____

Explain "YES" answers _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and accurate.

Signature of Cadet/Athlete _____ Date _____



**Junior College
GMC Cadet Physical
PHYSICAL EXAMINATION FORM**

Date of Exam _____

Name _____ Date of Birth _____ SS# _____

Height _____ Weight _____ Body Fat % _____ HR _____ BP _____ / _____ (_____ / _____, _____ / _____)

Vision R _____ L _____ Corrected: Yes / No Contacts / Glasses

MEDICAL	NORMAL	ABNORMAL	FINDINGS	INITIALS*
Appearance				
Eyes/ears/nose/throat				
Heart				
Lungs				
Abdomen				
MUSCULOSKELETAL	NORMAL	ABNORMAL	FINDINGS	INITIALS*
Neck				
Back				
Shoulder/arm				
Elbow/forearm				
Wrist/hand/fingers				
Hip/thigh				
Knee				
Ankle/Foot				

CLEARANCE

Not Cleared for Athletic participation/Military Drill/ROTC Physical Training secondary to _____

Cleared without restriction for Athletic participation/Military Drill/ROTC Physical Training _____

Cleared with recommendations for further evaluation or treatment for _____

Name of Examiner (print) _____

Date of Exam _____

Signature of Examiner _____

Phone _____