

GMC Cadet Physical

HISTORY FORM

Date of Exam _____ SS#- _____

Name _____ Sex _____ Age _____ Date of birth _____

Grade- Fresh / Soph _____ Sport _____

Home Address _____ Phone _____

Insurance information: Company Name _____ Policy# _____ Group# _____

In case of emergency, contact:

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

<p>1. Has a doctor ever denied or restricted your participation in sports for any reason? <u>YES / NO</u></p> <p>2. Do you have an ongoing medical condition? (diabetes, asthma or seizure disorder)? <u>YES / NO</u></p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines? <u>YES / NO</u></p> <p>4. Do you have allergies to medicines, foods, or stinging insects? <u>YES / NO</u></p> <p>5. Have you ever passed out DURING/AFTER exercise? <u>YES / NO</u></p> <p>6. Do you know your Sickle Cell Status? <u>YES / NO</u></p> <p>7. Does anyone in your family have Sickle Cell Anemia? <u>YES / NO</u></p> <p>8. Have you ever had <u>unusual</u> pain in your chest or shortness of breath during exercise? <u>YES / NO</u></p> <p>9. Has a doctor ever ordered a test for your heart? (example: ECG, echocardiogram) <u>YES / NO</u></p> <p>10. Does anyone in your family have a serious heart condition? <u>YES / NO</u></p>	<p>11. Have you ever had surgery? <u>YES / NO</u></p> <p>12. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, a brace, a cast, or crutches? <u>YES / NO</u></p> <p>If yes, circle below:</p> <p style="padding-left: 40px;">Head/ Neck/ Shoulder</p> <p style="padding-left: 40px;">Elbow/ Forearm /Hand</p> <p style="padding-left: 40px;">Chest/Arm /Fingers</p> <p style="padding-left: 40px;">Hip /Thigh /Knee /Ankle/ Foot</p> <p style="padding-left: 40px;">Back/ Shin /Toes</p> <p>13. Have you ever had a stress fracture? <u>YES / NO</u></p> <p>14. Do you regularly use a brace or assistive device? <u>YES / NO</u></p> <p>15. Has a <u>doctor</u> ever told you that you have asthma? <u>YES / NO</u></p> <p>16. Have you or anyone in your family ever been diagnosed with Marfans' Syndrome? <u>YES / NO</u></p> <p><u>FEMALES ONLY</u></p> <p>16. Have you ever had a menstrual period stop due to extended exercise? <u>YES / NO</u></p> <p>17. How many periods have you had in the last 12 months? _____</p>
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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 _____

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

	NORMAL	ABNORMAL	FINDINGS	INITIALS*
MEDICAL				
Appearance				
Eyes/ears/nose/throat				
Heart				
Lungs				
Abdomen				
MUSCULOSKELETAL				
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 physician (print) _____ Date of Exam _____

Signature of physician _____, MD or DO. Phone _____