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?	**YES / NO**
2. Do you have an ongoing medical condition? (diabetes, asthma, anemia or seizure disorder)?	**YES / NO**
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines?	**YES / NO**
4. Do you have allergies to medicines, foods, or stinging insects?	**YES / NO**
5. Have you ever passed out DURING/AFTER exercise?	**YES / NO**
6. Do you have the Sickle Cell Disease?	**YES / NO**
7. Does anyone in your family have Sickle Cell Anemia?	**YES / NO**
8. Have you ever had unusual pain in your chest or shortness of breath during exercise?	**YES / NO**
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	**YES / NO**
10. Has a doctor ever ordered a test for your heart? (example: ECG, echocardiogram)	**YES / NO**
11. Does anyone in your family have a serious heart condition?	**YES / NO**
12. Has any family member died unexpectedly before age 50?	**YES / NO**

13. Have you ever had surgery?	**YES / NO**
14. Have you had any recent injuries?	**YES / NO**
15. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, a brace, a cast, rehabilitation, or crutches? If yes, circle below: Head/ Neck/ Shoulder; Elbow/ Forearm /Hand; Chest/Arm /Fingers; Hip /Thigh /Knee /Ankle/ Foot; Back/ Shin /Toes	**YES / NO**
16. Have you ever had a stress fracture?	**YES / NO**
17. Do you regularly use a brace or assistive device?	**YES / NO**
18. Have you ever had a concussion?	**YES / NO**
19. Have you ever had a seizure?	**YES / NO**
20. Have you **ever** been diagnosed with asthma?	**YES / NO**
21. Have you ever had a heat related illness?	**YES / NO**
FEMALES ONLY	
22. Have you ever had a menstrual period stop due to extended exercise?	**YES / NO**
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_____