



SB UNITED ATHLETIC MEDICAL PROFILE FORM

*This Form must be handed in before practices begin August 11th.
Also, child cannot receive their equipment until this Form is handed in.
Cheer forms are due August 18th.
All information on this form is **REQUIRED**. If there is missing
information, the form will be returned to the parent/guardian, and the
child will not be permitted to participate in physical activities until the
completed form is returned.*

Child's Name: _____ **Grade Fall 2014** _____ **DOB** _____

MEDICAL HISTORY (Filled out by parent or guardian)

1. Is there any medication now being taken? _____
2. Any family history of high blood pressure _____ heart trouble _____ diabetes _____?
3. Ever had a heart murmur? Heart disease _____? Palpitations _____?
4. Ever been knocked unconscious (concussion)? _____
5. Any history of wheezing or hay fever? _____ **Does your child require an inhaler?** _____
6. Any trouble with vision? Glasses or contacts required? _____
7. Any hearing problems? _____ Ruptured eardrum? _____
8. Any problem with kidneys? Absence of one kidney? _____
9. Previous fractures or broken bones? _____
10. Operations or surgery? _____
11. Have you ever had a back _____ knee _____ or ankle _____ injury?(details) _____
12. Major medical illness (convulsions or seizures, anemia, diabetes, thyroid disease, bleeding, disorders, hepatitis, headaches, infectious mono, etc.) _____
13. Please list any **ALLERGIES** _____
14. Date of last tetanus shot? _____ (**REQUIRED Information**)

PHYSICAL EXAMINATION (Filled out by your medical provider)

Date of physical exam (must be within 1 year) _____ (**REQUIRED**)

Height in inches: _____

Weight in pounds: _____

Blood pressure: _____

Vision Right: _____ Vision Left: _____ With Correction: _____

Dentition:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Heent:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Heart:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Lungs:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Abdomen:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Hernias:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Knees:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Ankles:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____
Other:	Normal: _____	Abnormal: _____	Explanation of Abnormality: _____

Medical clearance (select one):

Participant is Medically Approved to participate in tackle football: _____

Participant is NOT Medically Approved to participate in tackle football: _____

Participant is Medically Approved to participate in Cheerleading: _____

Participant is NOT Medically Approved to participate in Cheerleading: _____

Please explain if NOT Medically Approved: _____

Medical Examination Performed By (please print physician's name): _____

Telephone Number: _____

Physician's Signature or stamp: _____ Date _____