

**WOODLAND BAPTIST CHRISTIAN SCHOOL
 JUNIOR HIGH AND SENIOR HIGH PHYSICAL EDUCATION AND SPORTS PARTICIPATION MEDICAL FORM
 2022 - 2023**

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE.
 WITHIN THIRTY DAYS OF ENROLLMENT**

Name: _____ Date of birth: _____ Age: _____ Sport(s): _____
 Address: _____ Phone: _____

STUDENT'S MEDICAL HISTORY: (COMPLETED BY PARENT/GUARDIAN)

- Yes No Does the student take any medication? If yes, please list: _____
 Yes No Is the student allergic to any medications? If yes, please list: _____
 Describe reaction: _____
 Yes No Does the student have other allergies, including bee sting? If yes, please list: _____
 Yes No Does the student wear glasses or contacts?
 Yes No Does the student smoke or chew tobacco?
 Yes No Does the student have any chronic medical illnesses (diabetes, asthma (exercise asthma), kidney problems, etc.)?
 Yes No Has the student ever had a concussion, been knocked out or had a neck injury?
 Yes No Has the student ever passed out during or after exercise or stopped exercising because of dizziness?
 Yes No Has the student ever had a seizure?
 Yes No Has the student ever had a problem from heat stroke or heat related illness?
 Yes No Has the student ever been told they have diabetes or problem with high or low blood sugar?
 Yes No Has the student ever been told they have a heart murmur, heart problems, or high blood pressure?
 Yes No Does the student have problems with bleeding, or have been diagnosed with hemophilia?
 Yes No Does the student have any problems with chest pain, any problems with heart palpitations (extra strong or irregular heartbeat)?
 Yes No Does the student have any problems with significant shortness of breath?
 Yes No Does the student have any problems with asthma, or wheezing or coughing after exercise?
 Yes No Has anyone in the student's family had heart problems, or died unexpectedly before age of 50?
 Yes No Has the student ever had problems requiring hospitalization or regular doctor's office visits?
 Describe: _____
 Yes No Has the student ever had an operation? If yes, please list type of surgery and month/year performed.

 Yes No Has the student ever broken a bone, had to wear a cast, or injured any joint? If yes, please describe.

 Yes No Have you missed practice or a game in the past year because of an injury or illness?

 Athlete's, Parent or Guardian signature Date

DOCTOR'S EXAMINATION: (DOCTOR'S OFFICE MAY USE THEIR OWN FORM)

Name: _____ Age: _____ Height: _____ ft/ _____ in. Weight: _____ pounds
 BP: _____/_____ Pulse: _____ beats/min. Vision: Rt-20/ _____ Lt-20/ _____ Corrected: Yes No
 Immunizations: Tetanus immunization (date): _____ or Last Tetanus booster (date): _____

PLEASE ATTACH CURRENT IMMUNIZATION RECORD

Organ/System	Normal	Abnormal (explain)
Eyes/Pupils		
ENT		
Heart		
Lungs		
Abdomen		
Musculoskeletal		
Neurological		
Skin		

Doctor's Certification: I, the undersigned physician, certify that I have examined this student and find him/her medically:
 { } qualified, { } qualified with conditions, or { } unqualified to participate in athletics or Physical Education.
 The conditions for qualification or the reason(s) for disqualification are stated below:

 Physician Signature: _____ Street Address: _____
 Date: _____ Telephone Number: _____ City: _____ State: _____ Zip: _____

**RETURN TO: WOODLAND BAPTIST CHRISTIAN SCHOOL, 1175 BETHANIA RURAL HALL ROAD,
 WINSTON-SALEM, N.C. 27106
 TEL: 336-969-2088/FAX: 336-969-0179**