



Pan American Christian Academy – Sport's Physical

Name of student: _____ Sex: M F Age: _____

Grade: _____ Home address: _____

Phone: _____ Date: ____ / ____ / ____

Student's Health History

Parent/Guardian: Please answer YES or NO to the following questions concerning your child's health history and use the provided space to explain if needed.

Y N Chronic and / or recurrent illness? _____

Y N Hospitalization? _____

Y N Taking medication? If so, which ones? _____

Y N Operations? _____

Y N Heat Exhaustion? _____

Y N Dizziness, fainting, seizures? _____

Y N Knocked out? _____

Y N Trauma? _____

Y N Wears glasses/contacts? _____

Y N Hearing problems? _____

Y N Allergic to medications / food products? _____

Y N High blood pressure? _____

Y N Bone, joint, spine injury? _____

Y N Liver, spleen, kidney or skin problem? _____

Y N Hernia? _____

Y N Females: regular menstrual cycle? _____

Y N Diabetes? _____

Family health history: _____

Other health comments: _____

The above information is correct to the best of my knowledge. I hereby give informed consent for the above mentioned student to participate in PACA's athletic program:

Signature of Parent / Guardian: _____ Date: _____

Name of Parent / Guardian (please PRINT): _____