HISTORY FORM



Preparticipation Physical Evaluation

Date of Exam				Sport(s)							
	Name	- 0.0		_	Sex	_ Age _		Date of Birth	_		
	Address							Phone	_		
	City, State, Zip		-770						_		
	Explain 'Yes' answers below. Circle questions you don't know the answer to.	es	No	27.	100000000000000000000000000000000000000			or are you missing a kidney, an eye, a	П		
	Has a doctor ever denied or restricted your participation in sports for any reasons?			28.				gane s mononucleosis (mono) within the last			
2	Do you have an ongoing medical condition (like diabetes or asthma)?			29.		have any ra	ashes	, pressure sores, or other skin			
	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?			30. 31.	Have yo	ou had a he	200	skin infection? ad injury or concussion?			
kes	Do you have allergies to medicines, pollen, foods, or stinging insects?			32.	50 40 40 COT	ou been hit		e head and been confused or lost your			
	Have you ever passed out or nearly passed out DURING exercise?			33. 34.	Have yo	ou ever had		izure? ; with exercise?			
7.	Have you ever passed out or nearly passed out AFTER exercise? Have you ever had discomfort, pain, or pressure in your chest			35.	Have yo	ou ever had	d num	bness, tingling, or weakness in your thit or falling?			
3.	during exercise? Does your hear race or skip beats during exercise? Has a doctor ever told you that you have (check all that apply):			36.		ou ever bee		able to move γour arms or legs after			
	☐gh Blood Pressure ☐heart murmur ☐gh Cholesterol ☐heart infection			37.		exercising in or become		heat, do you have severe muscle			
0.				38.				hat you or someone in your family has cell disease?			
1.	[1] [1] [1] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			39. 40.			200	lems with your eyes or vision? contact lenses?			
	Has any family member or relatice died of heart problems or of sudden death before age 50?			41.	Do you shield?		ective	eyewear, such as goggles or a face			
4.	Does anyone in your family have Marfan syndrome? Have you ever spent the night in a hospital?			43.	Are you		gain o	r lose weight?			
16.	Have you ever had surgery?				habits?			ded you change your weight or eating			
0.50	tear, or tendonitis, that caused you to miss a practice of game? If yes, what body part was affected?			45. 46.	Do you	have any c		y control what you eat? rns that you would to discuss with a			
8.	Have you had any broken or fractured bone(s), or dislocated joint(s)? If yes, which bone(s) or joint(s)?			722	William Carlo	ES ONLY	7			П	
9.	Have you had a bone or joint injury that required x-rays, MRI, CT surgery, injections, rehabilitation, physical therapy, a brace, a			48.	How of	d were you	whe	enstrual period? n you had your first menstrual period? _ e you had in the last year?			
	cast or crutches? If yes, which bone or joint was involved. Have you ever had a stress fractured? Have you been told that you have aor have you had an x-ray for	ö	ö	Expl	lain "Yes"	answers h	ere :			-	
	atlantoaxial (neck) instability?					4				_	
3.	The second secon				eleland and	lasta Toolo		teta fer			
4.				Cen	tified Ath	letic Traine	ers In	itials:			
25.	Is there anyone in your family who has asthma?	Yes		Ş.,							
26.	Have you ever used an inhaler or taken asthma medicine?			7,000							

Signature of athlete ______ Signature of parent/guardian _____ Date _____



PHYSICAL EXAMINATION FORM

PREPARTICIPATION PHYSICAL EXAM

Name						Date	of birt	h		
Height	Weight	Pulse	_ BP_	_/_	_(_	1_	_)(_) Corrected: Y	N
Pupils: Equal_	unequal	FMS_								
Follow-Up Q: 1. Consider additi	uestions onal questions on n	nore sensitive issu	ies						YES	NO
	tressed out or unde									
	eel sad, hopeless,	depressed, or anxi	ous?						0	0
- Do you feel s	afe? er tried cigarettes, c	having tabagas c	ouff or di	in 2					0	0
	st 30 days, did you				2					0
Do you drink Have you eve Have you eve	alcohol or use any or taken steroids or taken any supplemental any supplemental and the suppl	other drugs? shots without a do ments to help you	ctor's pre	scription	n?	iprove y	our perf	ormance?		0
						-				
7										
	A Non	nrik Habner	7	ALLE PROPERTY	7235			E SE		-
MEDICA	世界で の事物の事	elección de la companya de la compan			E P	20000			A TRACTICAL TO	1000
Appearance	-				-					
Eves/Ears/Nose	e/Throat				-		_	_		
Hearing	a mout									-
Lymph Nodes						-				
Heart										
Lungs										170
Abdomen					-	-				
							_			
Genitourinary Skin				-						
SKIN		- C-1000		.30	0148-3	100	- 1/3		80.0	
MUSCULOSKE	LETAL HOUSE	eo (Se rve filo	188				3.0			
Neck	LETAL	_	-		-	-	_			
Back				_		_				
Shoulder/arm						_				
Elbow/forearm						-				- US
				-		-///	V 75. C			
Wrist/hand/fing	ers	150						SILE FAS		
Knee						1	A-1-			
Leg/ankle	CONTRACTOR OF THE PARTY OF THE				_					
Foot/Toes *Multiple-examine "Having a third p Notes:	er set-up only arty present is reco	mmended for the p	genitourin	iary exa	minatio	n.				
o Cleared with	out restriction						127			
o Cleared, with	recommendati	ons for further	evaluat	ion or	treatn	nent to	r:		- 750	
Not Cleared	for a All Sports	Certain Sport	ts_	SC-5-		Re	ason:			
	cian (print/type)								Date:	
물리통하는 종일 시민들은 이번 중요	그런 하는 아이들이 하는 것이 없는데									
Address									Phone:	

PHYSICALS MUST BE SIGNED & STAMPED BY M.D. OR D.O.

UNABLE TO ACCEPT PAPERWORK UNLESS SIGNED & STAMPED BY M.D. OR D.O.

*A separate waiver is needed for each participant per sport.

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SAN DIEGO COMMUNITY COLLEGE DISTRICT: ATHLETIC PARTICIPATION

RISKS OF ATHLETIC PARTICIPATION

1. There is the inherent risk of injury in all athletic activities. The risk of serious injury affecting your life choices or life is relatively small.

2. To reduce the risks, you, the athlete, must listen to your coaches and learn to use the correct techniques and equipment required for your sport or athletic activity. Injuries must be reported immediately to the coach or certified athletic trainer and treatment instructions followed. Since District will not be providing any equipment in connection with the Activity, participant is solely responsible for his/her own equipment and the District assumes no liability in connection with the use or suitability of the equipment.

2.1. If you elect not to follow the coach's instructions, not use the correct techniques or equipment, or ignore medical treatment instructions, you alone are responsible for the results of this action.

3. The number and types of injuries differ for all sports but fall into the following general categories:

3.1. Lacerations and abrasions (e.g., cuts and scrapes): The long-term result of these is usually minor if cared for correctly. The most common risk may result in a scar, which may be a cosmetic deformity. IF THE CUT IS DEEP ENOUGH IT MIGHT AFFECT YOUR MUSCLES, NERVES, BONES OR CIRCULATION. The result of this might be the permanent loss of the use of that muscle, paralysis, or use of the injured area.

3.2. Sprains and strains (e.g., injuries to your joints or muscles): Most of these are minor and require only therapy to recover from them. The more serious of these may require surgery and/or casting to restore the muscle or joint. There will also be the cosmetic result of a scar. THE FORCES THAT CAUSE THESE TYPES OF INJURIES MAY ALSO INJURE OTHER BODY STRUCTURES AT THE SAME TIME SUCH AS NERVES AND BLOOD VESSELS. The therapy is much longer. Because of this type of injury you may not be able to return to the same skill level that you had before the injury. You may also have an increased chance of later problems, such as arthritis, with the joint or muscle. In the most serious cases you may not be able to run, walk, get jobs requiring physical strength or skill (e.g., police or firefighting work) or perform fine motor functions (e.g., playing the piano). You may also have difficulty in performing daily activities such as bending or walking.

3.3. Fractures (e.g., broken bones): If even minor fractures are ignored the result may be the loss of some physical capabilities. The more serious of these may require surgery and/or casting to restore the broken bones. There may also be the cosmetic result of a scar. THE FORCES THAT CAUSE THESE TYPES OF INJURIES MAY ALSO INJURE OTHER BODY STRUCTURES AT THE SAME TIME SUCH AS NERVES AND BLOOD VESSELS. Because of this type of injury you may not be able to return to the same skill level that you had before the injury. You may also have an increased chance of later problems, such as arthritis, with the joint or muscle. In the most serious cases you may not be able to run, walk, get jobs requiring physical strength or skill (e.g., police or firefighting work) or perform fine motor functions. You may also have difficulty in performing day-to-day activities such as bending or walking.

3.4. Catastrophic injuries: These types of injuries are rare but do happen. They are injuries to your nerves, blood vessels, heart, brain, internal organs, sexual organs, eyes, ears and nose. The long term risk of these is much more serious. You may even die from these injuries. You may lose the function of a joint or limb. You may be permanently paralyzed, not be able to move your arms or legs on your own and be confined to a wheelchair. Assistance may be required for you to perform the most basic of bodily functions, such as a bowel movement. You could be blinded or lose your hearing. Your access to the job market may be severely restricted, and your

family and social life may also be very limited.

College: San Diego City College

SAN DIEGO COMMUNITY COLLEGE DISTRICT: ATHLETIC PARTICIPATION

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

For	ar	d in	consideration	of perm			undersig	- 44-	particip		(Participant's	(the	
"AC	TIVIT	Y") or in a	ny athletic activiti COMMUNITY CO	ies sponsored	by SAN I	DIEGO	TRICT"),	the un	dersigne	d agre	es as follows:		
of th	ne SA	NDIEGO	OF RISK	JEEL DE DIO			170					eales in the	
1.		activity an nas also undersign activities (rsigned has been d instructing of (read and under ed fully understa whether or not or	stands the a inds that ther the property	ttached se is the r	section isk of LLEG	, "Risks serious E).	of At	thletic Pa y or dea	articipa ath wh	ation" (on reviile participation	erse). The g in athletic	
	1.2.	activities (whether or not on the property of the COLLEGE). 1.2. Because of the dangers of participating in athletic activities whether or not on the property of the COLLEGE, the undersigned acknowledges the importance of following instructions from any staff regarding ACTIVITY undersigned acknowledges the importance of following instructions from any staff regarding ACTIVITY											
	1.3.	technique The unde	s, training, equipt rsigned hereby at any and all st ce of other co-pa	sserts his/her	participa athletic	ation i	n athleti ipation.	c activ	vities is v UDING a	alunt	any and he/she	e knowingly	
	WAI' 2.1.	VER OF L The underelease, negligen coaches, for personal	IABILITY ersigned does for discharge, waiv ce by the DISTR volunteers, athle and injury, propers arms shall ar	him/herself, ve, relinquish RICT's or COI etic directors, perty damag- ise from instru	his/her he a, and co LEGE's certified a e, death, ction or p	eirs, ex ovenar board athletic	ecutors, of not to of truste trainers	admir o sue es, offi , stude	for any icers, ement mana	ployee gers, o	es, agents, rep or athletic trair o the fullest e	resentatives, ning students	
2	for personal injury, property damage, death, or loss of any management of the same shall arise from instruction or participation in the ACTIVITY, or otherwise. INDEMNIFICATION AND HOLD HARMLESS 3.1. The undersigned for him/herself, his/her heirs, executors, administrators, and assigns agrees that in the every standard of the same death or loss of any kind whatsoever shall be prosecuted again.											in the event	
	3.1.	The under any claim the COL volunteer undersign DISTRIC volunteer and all damage, ACTIVIT	ersigned for him/ n for personal inju- LEGE's or DIS- rs, athletic direc- gned shall hold T's or COLLE rs, athletic direct- claims or cause- death, or loss Ty, or otherwise.	nerself, his/he lry, property of TRICT's boar tors, certified harmless an GE's board ors, certified a s of action b of any kind	amage, d d of trus athletic f d indemn of truste athletic tra y whomev whatsoe	tees, trainers offy for ees, of hiners, ver or ver as	officers, s, stude r any an fficers, student whereve s a resu	emplo nt mai emplo manag r made ult of	oyees, and an agers, or ag	gents, or ath ncludingents, athletic ented dersign	representative letic training state ing any negligative representative training stude for personal in ned's involve	es, coaches, students, the gence by the es, coaches ents from any jury, property ement in the	
4.	4.2	agreem includir an inde The und hereto,	DGMENT dersigned has re- ent, fully under- ing the right to si- pendently retain dersigned acknow and the terms of the dersigned acknow ty to the greatest	we. The under ned attorney, wledges that this waiver are dedges that he	ersigned and is signed this release contractions.	ackno gning ase co	wledges the agre ontains t	that lement	he/she h t freely a ITIRE A	ad the nd vo GREE	e option to se luntarily. MENT betwee	eek review b	
5			U-l-net			Age				Dat	e		
S	Signati	ure of Pan	(icipant										



Name:	Sport:
IN CASE OF EMERGENCY, CON	NTACT:
Name:	Relationship:
Phone Number(s):	
Please indicate if	number is home(h), cell(c), or work(w).
VERIFICA	ATION OF INSURANCE
I have NO health insurance:I have health insurance:	
Address:Phone Number:	HMOPPOOTHER
Address:	e:
Phone Number:	HMO PPO OTHER
What Facility should be used?	
I understand that any person who knowingly and with it claim containing any materially false information, or cothereto, commits a fraudulent act, which is a crime.	intent to defraud any insurance company or other person files a statement of onceals for the purpose of misleading, information concerning fates material
Signature:	Date: