

Greater Lowell Technical High School Physical Consent Form

This form must be filled out and signed by the parent/guardian with the student **BEFORE** coming in to get a pre-physical from the nurses and physical from the school physician. Students who bring in an incomplete form will **NOT** receive a pre-physical or physical.

Student's Name _____ Date of Birth _____ Grade _____

Please completely answer the following questions:

1. Has the student had a medical illness or injury since their last checkup? _____
If yes, please explain: _____
2. Has the student ever had surgery? _____
If yes, please explain: _____
3. Does the student have any allergies or take any prescription medications? (list) _____
4. Has the student ever had a rash or hives develop during or after exercise? _____
5. Has the student ever passed out due to exercising? _____
6. Has the student ever been told they had high blood pressure or high cholesterol? _____
7. Has the student ever been told they had a heart murmur? _____
8. Has the student ever had a head injury or concussion? _____
If yes, date of last concussion? _____
9. Has the student ever had a seizure (date)? _____
10. Does the student have frequent or severe headaches? _____
11. Does the student have asthma? _____
12. Does the student have any vision/hearing problems? _____
13. Has the student ever broken/fractured/dislocated any bones or joints? _____
If yes, please explain: _____
14. Does the student ever feel unusually stressed or depressed? _____
15. Are the student's immunizations up-to-date? _____
16. Are there any other medical issues not mentioned here? _____

I hereby state that my answers to the above questions are complete and correct to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Signature of Athlete _____ Date _____