

Concord Christian Academy

MEDICAL HISTORY UPDATE

Your child needs a physical during their time at CCA. This medical history update provides the coaches with updated information so they may safely monitor your child. This form must be filled out yearly. Please be sure to fill out ALL information as accurately as possible.

Student/Athlete's Name: _____ **Grade:** _____ **Date of Birth:** _____

Student/Athlete's Physician: _____ **Physician Phone #** _____

Insurance Company: _____ **Policy #** _____

In case of Emergency please contact:

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Please answer each of the following questions

- | | | |
|--|-----|--------|
| 1. Have you had any recent illness, injury, or infectious disease? | YES | NO |
| 2. Do you wear glasses, contacts, or protective eyewear? | YES | NO |
| 3. Have you ever been knocked unconscious or lost memory from a head injury? | YES | NO |
| 4. Have you ever had a fracture or dislocation? | YES | NO |
| 5. Ever had any problems with your joints – knees, ankles, etc? | YES | NO |
| 6. Ever been dizzy during or after exercise? | YES | NO |
| 7. Are you currently under the care of a physician for any reason | YES | NO |
| 8. Have you ever been hospitalized for an operation or emergency | YES | NO |
| 9. Have you ever fainted or blacked out during exercise | | YES NO |
| 10. Do you have asthma? | YES | NO |
| 11. Do you have any drug/food/environmental allergies | YES | NO |
| 12. Do you take any medications? | YES | NO |
| 13. Do you have any other concerns we should know about? | YES | NO |

Please describe any of the **YES** answers. Please note the number of the question. _____

I hereby agree that the above statements of medical history are accurate and give my consent for the student to participate in athletics at CCA. It is my responsibility to notify the coaching staff if any of this information changes.

Parent/Guardian Signature: _____ Date: _____