



MOUNT SACRED HEART SCHOOL, INC.

619 Mount Sacred Heart Drive
San Antonio, Tx 78216

Annual Medical History and Physical Examination Form

Student's Name _____ Grade _____ Sex: M F (circle one) D.O.B. _____

ALL BLANK SPACES MUST BE COMPLETE

Weight _____ Height _____ Pulse _____ Blood Pressure _____ Vision R _____ L _____ Hearing _____

Legend: = normal X = abnormal NE = not examined

General body build: _____
Eyes _____ Ears _____ Skin _____
Spleen _____ Lungs _____ Nose _____ Throat _____ Teeth _____ Neck _____
Abdominal Masses _____ Heart _____ Chest _____ Liver _____ Spine _____

Joint Function: Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____
Neurological _____ Hernia _____ Hips _____ Knees _____ Feet _____ Ankles _____
Genitalia (male only) _____

OPTIONAL AT DISCRETION OF PHYSICIAN: HGB/HEMATOCRIT _____ Urinalysis _____

Is student taking any medication routinely? (If yes, explain) _____

Does the student have any allergies? _____

Special Instructions or Limited School Activity and Reasons: _____

Description of any Abnormal Findings: _____

◆ **PLEASE NOTE: A COPY OF THE CURRENT IMMUNIZATION RECORD MUST BE ATTACHED**

I certify that on this date I have examined the above student as indicated by items checked and recommend the student as being physically able to participate in the supervised athletic activities that are circled below.

BASEBALL **CROSS COUNTRY** **GYMNASTICS** **SOFTBALL** **VOLLEYBALL**
BASKETBALL **FOOTBALL** **SOCCER** **TRACK & FIELD**

Date of Exam: _____ Signature of examining Physician _____

Printed/Stamped/Typed Name of Physician with Address and Phone # _____

MEDICATION POLICY: In accordance with Texas State Law and the Archdiocesan School Office Policy, Mount Sacred Heart School has established health policies that require all students to provide the school with certain information. This information is to be supplied annually by all students who

- Have special health conditions
- Require medication to be given at school
- Have restrictions placed on their participation in the Physical Education Program

These policies have been established for the protection of all students who attend Mount Sacred Heart School.

These policies apply to all medications, including non-prescription over-the-counter medication.

Only medication which is necessary for the child to remain in school will be given during school hours. Whenever possible administration of medication to students should take place at home. Authorized school personnel will administer Medication only prescribed by a Licensed Physician, Dentist, Nurse Practitioner or Physician's Assistant. Signed parental and physician consent, congruent with diocesan policy, for either prescription or non-prescription medication must be obtained.

PARENT OR GUARDIAN PERMISSION

I hereby give consent for the above named student to compete in Mount Sacred Heart School approved sports.

The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. It is understood that Mount Sacred Heart does not assume any responsibility in case an accident occurs.

NOTE: A copy of the current immunization record must be attached. Mount Sacred Heart School requires the above form to be completed and filed with the school before a student may take part in any school sports program.

Date: _____

Signature of Parent / Guardian: _____

White - School Copy Yellow - Athletic Dept. Copy Pink - Parent's Copy