NOT VALID UNLESS STAMPED * * * * * * * * * * * * * * * * * * NOT VALID UNLESS STAMPED

Cuesta College Athletics
Health Screening

Name _____ Date of Examination _____
Address _____ Sport(s) _____
_____ Local Phone _____
Birth Date _____ Parent Phone _____
Social Security Number _____

Do you have a history of:	YES	NO	DATE	IF YES, PLEASE EXPLAIN
HEAD INJURY/UNCONSCIOUSNESS				
SHOULDER INJURY				
KNEE INJURY				
ANKLE OR FOOT INJURY				
ELBOW, WRIST OR HAND INJURY				
BACK INJURY				
HIP INJURY				
HERNIA				
MISSING ONE OF A PAIRED ORGAN				
DIABETES OR EPILEPSY				
ALLERGIES				
ASTHMA				
SURGERY				
ACTIVITY RELATED DIZZINESS/FAINTING				
FAMILY HISTORY OF NON-TRAUMATIC SUDDEN DEATH				
LIST MEDICINES CURRENTLY TAKING				

The undersigned, herewith, understands that having passed the health screening does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify him/her at the time of the examination.

Do you know of, or do you believe there is, any health reason why you should not participate in athletics at this time?
YES NO (circle one)

I certify that the answers to the questions above are correct and true.
Date _____ **Athlete sign here:** _____

EXAMINATION

Height _____ Vision: H.E.E.N.T._____
Weight _____ Right _____ Lungs _____
BP _____ Left _____ ABD _____
Pulse _____ Corrective lens/contacts? _____ Heart _____
Musculoskeletal _____ Teeth/bridge/false teeth? _____
Remarks: _____

Physicians Signature :_____
M.D. or D.O. only **Physicians stamp or medical license #:**