

MSMA Health UPDATE Form

Name of Sport_____

NAME_____D.O.B.____/____/____AGE____GRADE_____

ADDRESS_____TEL.# (____)_____

HAS THE STUDENT NAMED ABOVE, SINCE HER LAST MEDICAL EXAM: **CIRCLE**

- | | | |
|---|-----|----|
| 1. Been medically advised not to play any sport? | YES | NO |
| 2. Been placed under a physician's care? | YES | NO |
| 3. Experienced any trauma to the head with resultant headaches? | YES | NO |
| If YES – Was there loss of consciousness? | YES | NO |
| 4. Experienced an injury to the spine or to a joint or muscle that is not healed or repaired? | YES | NO |
| 5. Undergone any surgery? | YES | NO |
| 6. Begun taking any medication on a regular basis? | YES | NO |
| 7. Developed Diabetes, Seizure Disorder, Bleeding Disorder or Hernia? | YES | NO |
| 8. Experienced frequent chest pains or palpitations? | YES | NO |
| 9. Been hospitalized for any reason? | YES | NO |
| 10. Experienced an illness? | YES | NO |
| 11. Is there any reason why she should not participate? | YES | NO |
| 12. Does she wear glasses or contact lenses? | YES | NO |
| 13. Are there any other injuries or conditions not mentioned above? | YES | NO |

EXPLAIN ALL YES ANSWERS HERE_____

Signature of Parent/Guardian

Date

NOTARY SIGNATURE AND SEAL_____ **DATE**_____