



PHYSICAL EXAM CONFIDENTIAL

Return this form to:
Athletic Training Department
1000 West Court Street
Texas Lutheran University
Seguin, Texas 78155

PLEASE PRINT. FILL IN ALL SPACES

Full Name: _____ Sport: _____

Sex: M F Date of Birth: _____ Class: Fr So Jr Sr

Street Address: _____

City, State, Zip: _____ Home Phone: () _____

Mobile phone () _____ e-mail: _____

Medical History

Please answer all questions. Explain all "yes" answers in the space provided.

YES NO Have you had a major medical illness since your last check up or sports physical? _____

YES NO Have you been hospitalized or had surgery in the last year? _____

YES NO Are you currently taking any prescription or non-prescription medication or using an inhaler? _____

YES NO Do you have any severe allergies to pollen, medicine, food, or stinging insects that require medical treatment? _____

YES NO Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? _____

Have you ever had any of the following?

YES NO heart murmur _____

YES NO high blood pressure _____

YES NO high cholesterol _____

YES NO other heart problems _____

YES NO dizziness from exercise _____

YES NO epilepsy or seizure _____

YES NO severe headaches _____

YES NO asthma _____

YES NO diabetes _____

YES NO anemia _____

YES NO infectious mononucleosis _____

YES NO hepatitis/liver problems _____

YES NO kidney disease _____

Immunizations

Record the dates of your most recent immunizations for:

Tetanus _____ Chicken pox _____ Measles _____ Hepatitis B _____