



BISHOP CONNOLLY HIGH SCHOOL

373 Elsbree Street
Fall River, MA 02720
tel 508.676.1071
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ATHLETIC PERMISSION & MEDICAL FORM 2018 – 2019

PLEASE PRINT

DATE _____

Student-Athlete Information

SPORT(S) _____				L.E.A.P.	FR	SO	JR	SR
				CLASS YEAR				
FIRST NAME _____	LAST NAME _____			M	F	GENDER		
MAILING ADDRESS _____				CITY _____	STATE _____	ZIP _____		
TELEPHONE _____	PARENT EMAIL _____			DATE OF BIRTH _____				

Medical History

YES	NO	
<input type="radio"/>	<input type="radio"/>	Are you currently being treated for any health condition? If yes, explain: _____
<input type="radio"/>	<input type="radio"/>	Do you have any chronic or recurrent type of injury that needs protection or support? If yes, explain: _____
<input type="radio"/>	<input type="radio"/>	Have you had any joint injuries or fractures in the last two years? If yes, list injuries and dates: _____
<input type="radio"/>	<input type="radio"/>	Have you had surgery for an illness or injury within the last two years? If yes, describe: _____
<input type="radio"/>	<input type="radio"/>	Do you have any blood disorders? If yes, explain: _____
<input type="radio"/>	<input type="radio"/>	Do you have any eating disorders? If yes, explain: _____
<input type="radio"/>	<input type="radio"/>	Have you ever been treated for heat exhaustion or dehydration? If yes, list condition(s) and date(s): _____
<input type="radio"/>	<input type="radio"/>	Have you had a major illness in the past twelve months? i.e, mononucleosis, pneumonia, meningitis, etc. If yes, explain: _____
<input type="radio"/>	<input type="radio"/>	Have you ever passed out during or after exercise? If yes, when: _____
<input type="radio"/>	<input type="radio"/>	Have you ever been dizzy during or after exercise? If yes, when: _____
<input type="radio"/>	<input type="radio"/>	Have you ever experienced chest pain during or after exercise? If yes, when: _____
<input type="radio"/>	<input type="radio"/>	Have you ever been told you have a heart murmur? If yes, when: _____
<input type="radio"/>	<input type="radio"/>	Has any relative died of heart problems or suffered sudden death before the age of 50? If yes, please explain: _____
<input type="radio"/>	<input type="radio"/>	Are you missing any paired organs? i.e., eyes, lungs, kidneys, testicles, etc. If yes, list: _____
<input type="radio"/>	<input type="radio"/>	Has a physician ever denied or restricted your participation in sports for any health reasons? If yes, explain: _____
		What was the date of your last tetanus shot? _____