

Burbank Unified School District  
Burbank, California

## Athletic Participation Health Form

TO: Parents or Guardians:

**PLEASE COMPLETE PAGES ONE AND TWO BEFORE  
YOUR CHILD GOES TO THE DOCTOR.**

**John Burroughs High School**  
1920 W. Clark Ave Burbank, CA 91506

TO: The Examining Physician:

This student wishes to participate in interscholastic athletics. Strenuous activity at contests and daily after-school practice will be added to his usual school program. The Burbank Schools and the California Interscholastic Federation require medical approval prior to participation. This approval will be effective for one year, providing there is no intervening injury or serious illness.

Please give careful consideration to your recommendation for the protection of the student's health. The degree of maturity and emotional stability should be considered as well as his physical condition. All immunizations should be reviewed and brought up to date.

**PLEASE RETURN THIS COMPLETED FORM TO:**

The Athletic Secretary at John Burroughs High School.  
(818) 558-4777 ext. 61915 Fax (818) 846-9268  
This form will stay on file with the school nurse.

**Name:** \_\_\_\_\_

**Sport:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

# HEALTH HISTORY FORM

*To be completed by parent or guardian prior to physical examination*

Please answer all questions by circling "yes" or "no".

Has had an injury of a muscle, bone, joint, ligament or tendon?	Yes	No
Has been knocked out? If yes, how many times? _____	Yes	No
Has fainted? If yes, how many times? _____	Yes	No
Has had an illness lasting more than a week?	Yes	No
Is under a physician's care now?	Yes	No
Takes any medication now? Name of medications _____	Yes	No
Wears glasses?	Yes	No
Wears Contact Lenses?	Yes	No
Has had a surgical operation?	Yes	No
Has had emotional problems requiring medical care?	Yes	No
Has been in a hospital (except for tonsillectomy)?	Yes	No
Has any blood relative had coronary heart disease before the age of 50?	Yes	No
Has allergies (hav fever, asthma, or to medications )?	Yes	No
Do you know of any reason why this student should not participate in any sport?	Yes	No

Please explain any "yes" answers to the above questions.

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**HEALTH HISTORY FORM**  
*To be completed by examining physician*

**NAME:** \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Eyes: R 20/ \_\_\_\_\_ Glasses \_\_\_\_\_  
L 20/ \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Dental evaluation: (Missing teeth? Chipped teeth? ) \_\_\_\_\_

Respiratory impairment? \_\_\_\_\_

Cardiovascular abnormalities? \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Musculoskeletal evaluation: \_\_\_\_\_  
Abnormalities? \_\_\_\_\_

Limitation of movement? \_\_\_\_\_

Neurological evaluation: \_\_\_\_\_

Genitalia: \_\_\_\_\_

Laboratory: Urinalysis done? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate results \_\_\_\_\_

*See Page 4 for Guidelines for Disqualifying Conditions.*

<b>THIS STUDENT MAY PARTICIPATE IN ALL ATHLETIC ACTIVITIES. Yes _____ No _____</b>
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This student may participate in all athletic activities EXCEPT those checked below.

Baseball \_\_\_\_\_ Golf \_\_\_\_\_ Tennis \_\_\_\_\_

Basketball \_\_\_\_\_ Soccer \_\_\_\_\_ Track \_\_\_\_\_

Cross Country \_\_\_\_\_ Softball \_\_\_\_\_ Volleyball \_\_\_\_\_

Football \_\_\_\_\_ Swimming \_\_\_\_\_ Water Polo \_\_\_\_\_

Other \_\_\_\_\_

Date of examination: \_\_\_\_\_ Signed: \_\_\_\_\_

<b>PHYSICIANS: PLEASE PLACE NAME AND ADDRESS STAMP HERE.</b>
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\_\_\_\_\_  
Examining Physician

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

## GUIDELINES FOR DISQUALIFYING CONDITIONS

1 = Contact	2 = non contact	X = Disqualifying Condition	1	2
<b>GENERAL</b>				
Acute infections: Respiratory, genitourinary, infectious mononucleosis, hepatitis, Active rheumatic fever, active tuberculosis, boils, furuncles, impetigo, scabies				
Obvious physical immaturity in comparison with other competitors				
Obvious growth retardation				
Hemorrhagic disease, hemophilia, purpura, and other bleeding tendencies				
Diabetes, inadequately controlled				
Jaundice, whatever cause				
<b>EYES</b>				
Absence or loss of function of one eye				
Severe myopia, even if correctable				
<b>EARS</b>				
Significant impairment				
<b>RESPIRATORY</b>				
Tuberculosis (active or under treatment)				
Severe pulmonary insufficiency				
<b>CARDIOVASCULAR</b>				
Mitral stenosis, aortic stenosis, aortic insufficiency, coarctation of aorta, cyanotic heart disease, recent carditis of any etiology				
Hypertension on organic basis				
Previous heart surgery for congenital or acquired heart disease				
<b>LIVER</b>				
Enlarged liver				
<b>SPLEEN</b>				
Enlarged spleen				
<b>HERNIA</b>				
Inguinal or femoral hernia				
<b>MUSCULOSKELETAL</b>				
Symptomatic abnormalities or inflammations				
Functional inadequacy of the musculoskeletal system, congenital or acquired, incompatible with the contact or skill demands of the sport				
<b>NEUROLOGICAL</b>				
History or symptoms of previous serious head trauma or repeated concussions				
Convulsive disorder not completely controlled by medication				
Previous surgery on head or spine				
<b>RENAL</b>				
Absence of one kidney				
Renal disease				
<b>GENTALIA</b>				
Absence of one testicle				
Undescended testicle				

Some of the disqualifying conditions listed above are subject to evaluation and consideration by the responsible physician with respect to anticipated risks. Disqualification does not necessarily imply restriction from all sports at that time or from the sport in question in the future. If the decision is disqualification, however, the physician vested by the school with the authority to disqualify should not be overruled by any other person. This is a direct and unavoidable responsibility and needs the full support of the institution and all personnel involved.