

DAY CARE / CAMP / SCHOOL / SPORTS / WORK / DRIVING FORMS
(ANY PATIENT 2 YEARS AND OLDER)

Patient's Name: _____

Date of Birth: _____

- 1) Does the patient have any medical problems? If yes, explain.
- 2) Has the patient seen any other physicians or health-care providers in the past year? If yes, explain who and why.
- 3) Does the patient take any medications, or is allergic to any medicines? If yes, explain.
- 4) Any injuries, seizures, fainting or "black-outs", concussions, chest pain, dizziness or unusual shortness of breath in the past year? If yes - briefly explain and write who treated your child.

*Answer the following questions only if your child is playing a sport

- 5) Present sport to be played and season (fall/winter/spring).
- 6) Most recently played sport and season (fall/winter/spring).
- 7) Any injuries from last sport played? If yes, who treated the patient.
- 8) Any surgery since the last physical exam?
- 9) Do you have any other concerns you would like to discuss with the doctor?

If the above patient has a change in their medical status after this form is signed, I understand I must notify the doctor because that could adversely affect the patient's ability to perform in the capacity for which the doctor has cleared them.

X _____
Parent's or Patient's Signature _____
Date

Home phone # _____ Cell phone # _____

OFFICE USE ONLY

Front desk:

If last PE was 0 - 6 months ago, give verbal reminder to parent of need for yearly PE.

If last PE was > 6 months ago, they must schedule the **appropriate** PE before we will sign.

Date of last PE _____ Next Scheduled PE _____

NEED FORMS BY: _____ Staff initials _____

Physicians:

Cleared / Schedule PE before signing Doctor initial _____