

DURHAM STRIDERS YOUTH ASSOCIATION, INC. MEDICAL EXAMINATION FORM

Last name	First name		Middle initial		
DOB					
Is there a known history of:			YES	NO	
Asthma					
Birth defects					
Past illnesses of more than one week's dura					
Medical conditions currently under treatment					
Fractures or other disabling injuries					
Any permanent deformity or disability					
Allergies (drugs, food, clothing, etc.)					
Mental disorder or convulsions					
Surgery in the past year					
Heart disease					
Kidney disease	-41-				
Family history of sudden or unexplained de Hypertension (high blood pressure)	ath				
Family history of hypertension					
Family history of diabetes					
Family mistory of diabetes					
Explain any above questions answered "yes					
Is your child on any chronic medications?		YES	Ν	0	
If yes, please list					
Is your child being treated for a chronic illn	ess	YES	N	0	
If yes, please provide details					

PARENTAL PERMISSION

As parent or legal guardian of ______, I hereby give my permission for (his/her) practice and play in the athletic events of the Durham Striders Track and Field Club.

I also grant permission for treatment necessary for any condition arising during participation in these activities, including medical or surgical treatment recommended by a licensed medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for a screening medical examination and certify that the medical history above is accurate to the best of my knowledge.

Signature of Parent or Legal Guardian_____

Date_____

NAME				
Last	name		First name	Middle initial
DOB				
Height	Weight B	BMI	Blood pressure_	Pulse
NORMAL			ABNORMAL	Describe abnormalities
1	EYES			
2	ENT			
3	HEART			
4	LUNGS			
5	ABDOMEN			
6	_ GENTITALIA (Males only)			
7	MUSCULOSKELET	TAL		
8	NEURO			
9.	SKIN			

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I certify that I have examined the above-named child and that such exam revealed (conditions/no conditions) that would prevent this child from participating fully in the athletic activities listed as part of the Durham Striders Track and Field program.

Signature		

Signature_____

Address_____

Date_____

If child is not qualified, list reason for disqualification: