ST. IGNATIUS COLLEGE PREPARATORY

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TICKET-TO-PLAY MEDICAL CLEARANCE FORM

Parents - Please upload and submit this completed form online through your Family ID Athletic Registration Account at www.familyid.com
HARDCOPY FORMS WILL NOT BE ACCEPTED BY THE ATHLETIC DEPARTMENT!
Need help? Contact Head Athletic Trainer, Josh Pendleton at jpendleton@siprep.org

MEDICAL INFORMATION - STUDENT'S HISTORY (Please Print)

NAME _____ DOB __/___/___ HEIGHT _____ WEIGHT _____
PULSE_____ BP_____ VISION: R20/__ L20/__ GLASSES or CONTACTS __Y/N__ PUPILS_____

1. Chronic or recurrent illness?	Yes ❑ No ❑	8. Has any family member had a heart attack at less than 35 years of age?	Yes ❑ No ❑
2. Heat exhaustion, heatstroke, or other problems with heat?	Yes ❑ No ❑	9. Neck, back or head injury?	Yes ❑ No ❑
3. Hospitalization?	Yes ❑ No ❑	10. Concussion or loss of consciousness?	Yes ❑ No ❑
4. Surgery other than removal of tonsils?	Yes ❑ No ❑	11. Upper Extremity injury?	Yes ❑ No ❑
5. Missing organs (eye, kidney, testicle)?	Yes ❑ No ❑	12. Lower Extremity injury?	Yes ❑ No ❑
6. Shortness of breath or chest pain during exercise?	Yes ❑ No ❑	13. Any other pertinent family history?	Yes ❑ No ❑
7. Dizziness or fainting with exercise?	Yes ❑ No ❑	14. Any ongoing medical condition (Asthma, diabetes, etc.)	Yes ❑ No ❑

Explain "Yes" answers here:
_____
_____

Doctor's Examination	Normal	Abnormal Findings	Musculoskeletal	Normal	Abnormal Findings
Appearance			Neck		
Eyes/ears/nose/throat			Back		
Hearing			Shoulder/Arm		
Lymph Nodes			Elbow/Forearm		
Heart			Wrist/Hand/Fingers		
Murmurs			Hips/Thighs		
Pulses			Knee		
Lungs			Leg/Ankle		
Abdomen			Foot/Toes		
Genitourinary Skin (males only)					

Explain "Abnormal Findings" answers here:
_____
_____

List prescribed medications: _____ Time & Dosage of Medications: _____
List drug allergies: _____ List food allergies: _____

❑ Cleared without restriction.
❑ Cleared with the following restrictions/recommendations:
_____
_____

_____ ____/____/____
Signature of Physician Mo. Day Year

Doctor Office Official Stamp