

# FREEDOM CHRISTIAN ACADEMY



3130 Gillespie Street - Fayetteville, NC 28306  
(910) 485-7777 Office - (910) 485-7757 Fax

[www.fcapartiot.org](http://www.fcapartiot.org)

## SPORTS MEDICAL EXAMINATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

### MEDICAL HISTORY

IS THERE A KNOWN HISTORY OF:

- |   |           |          |
|---|-----------|----------|
| A. Birth deformities (one eye, one kidney, etc.)?       | Yes _____ | No _____ |
| B. Known past illness of more than one week's duration? | Yes _____ | No _____ |
| C. Medical conditions currently under treatment?        | Yes _____ | No _____ |
| D. Fractures or other disabling injuries?               | Yes _____ | No _____ |
| E. Any permanent deformity or disability?               | Yes _____ | No _____ |
| F. Allergy (drugs, food, clothing, etc.)?               | Yes _____ | No _____ |
| G. History of Asthma                                    | Yes _____ | No _____ |
| H. Is inhaler needed?                                   | Yes _____ | No _____ |
| I. History of cardiac issues or heart murmurs?          | Yes _____ | No _____ |

Please explain any above questions answered "Yes":

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### MEDICAL EXAM:

Height _____	Weight _____	Blood Pressure _____
Eyes _____		Abdomen _____
ENT _____		Musculoskeletal _____
Heart _____		Neurological _____
Lungs _____		Skin _____

I certify that I have examined the above named student and find him/her medically \_\_\_\_\_ qualified / \_\_\_\_\_ not qualified to complete in interscholastic sports for Freedom Christian Academy.

Signature of Physician \_\_\_\_\_ Licensed in North Carolina - Y N

Address \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Guardian \_\_\_\_\_