Harvard-Westlake School
Health and Medical Information / Physician's Release
School Year 2016-2017

This form is required for all students, and must be returned to the appropriate school office as soon as possible.

Student Name: Gao, Ge Grade: 9

Is your child planning to play sports at Harvard-Westlake School? **Yes - Fencing, Swimming**

Note: Harvard-Westlake and CIF strongly recommend that student-athletes use the CIF pre-participation physical form to take to their physician and discuss any relevant medical issues. This is an additional form, for you and your doctor, and does not replace the HW Health and Medical Information/Physician Release form. The form can be found at: https://www.hw.com/portals/3/enroll/12810281231_Pre-participation Physical Evaluation Form.pdf

I. HEALTH & MEDICAL HISTORY (as reported on the Health & Emergency Form during the enrollment process):

GENERAL:

Has your child had a medical illness or injury since his/her last physical?	No
Does your child have any of the following on-going or chronic illnesses?	
a. Asthma	No
b. Diabetes	No
c. Anemia	No
d. Sickle Cell	No
e. Other	No
Has a doctor told your child (or someone in your family) that he/she has sickle cell trait or disease?	No
Does your child have any of the following allergies?	
a. Medications	No
b. Foods	No
c. Stings/Bites	No
d. Pollens/Seasonal Allergies	No
e. Other	No
Has your child taken any supplements or vitamins to help lose weight, gain weight, grow?	No
Is your child missing any of the following:	
a. Kidney	No
b. Eye	No
c. Testicle (undescended)	No
e. Other	No
Does your child cough or wheeze during or after physical activity?	No
Has your child rapidly gained or lost a significant amount of weight over a short period of time?	No
Does your child limit or carefully control what he/she eats or have a special diet?	No
Has your child had or currently have problems with his/her eyes or vision?	**Yes - near sighted**
Has your child ever been hospitalized overnight?	No
Has your child ever had surgery?	No

ORTHOPEDIC:

Has your child ever had a sprain, strain, or tear of any muscles or ligaments?	No
Has your child ever had a broken bone, stress fractures, or dislocated any joint?	No
Do any of your child's joints become painful and/or swollen joints or ever been told your child has juvenile arthritis or connective tissue disease?	No

CARDIAC:

Has your child ever passed out, had a seizure, near drowning or had pain/pressure in his/her chest during or after exercise, had a racing heart, skipped heartbeats, been told he/she has a heart murmur, high cholesterol or high blood pressure?	No
Has your child ever had tests for his/her heart (ECG/EKG, Echocardiogram, Stress Test)?	No

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Has any family member or relative died of a heart problem before the age of 50 or suddenly die (including drowning, or SIDS) or have a heart problem, unexplained fainting, seizures, near drowning, a pacemaker or implanted defibrillator?	No

Does your child or anyone in your family have any of the following?

a. Hypertrophic Cardiomyopathy	No
b. Marfan Syndrome	No
c. Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD)	No
d. Long QT Syndrome	No
e. Short QT Syndrome	No
f. Brugada Syndrome	No
g. Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	No
h. Other Heart Condition	No
Does anyone in your family have a heart problem, pacemaker, or implanted defibrilator?	No
Has anyone in your family had unexplained fainting, seizures, or near drowning?	No
Has your child had a severe viral infection (myocarditis, mononucleosis)?	No

NEUROLOGICAL:

Has your child ever had:

a. Head injury	No
b. Concussion	No
c. Frequent, severe headache, or prolonged headache	No
d. Migraine	No
e. Memory loss	No
f. Seizure	No

MEDICATIONS:

Over-the-counter/prescription medication required by student on a regular basis	No

MISCELLANEOUS:

Does your child have any developmental/emotional problems (ADHD, anxiety, depression)?	No
Does your child have any concerns you would like to discuss with someone (psychological, social, academic or family issues)?	No
Please tell us of any other medical issues that have not been mentioned:	**None**
Prior Physician's abnormal medical findings mentioned in the past:	**None**

Signatures affirm that all pertinent health forms have been read and reviewed and that information is complete, accurate, and up-to-date.

Doctor's Signature: _____ **Parent's Signature:** _____ **Date:** _____

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II. PHYSICIAN'S EXAM AND RELEASE TO PARTICIPATE:

Student/Parent must discuss with the physician family history; please note and circle if in your family you have knowledge or history of: Marfan Syndrome, heart problems/arrhythmia, death at a young age, sudden death, seizures, sickle cell anemia, diabetes, unexplained dizziness, difficulty breathing, high cholesterol, eating disorders, general orthopedic problems, any major medical condition however vague or trivial, please report and discuss it with your physician for possible further assessment or evaluation.

Height: _____ Weight (lbs): _____ Pulse: _____ BP: ____ / ____

Vision: R 20/___ L 20/___ Corrected Glasses/lenses: YES NO Pupils: Equal Unequal

Please list any abnormal findings as the result of physical exam. Include treatment and follow-up treatment needed.

	Normal	Abnormal Findings	Initial
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Males)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

PHYSICIAN RELEASE

☐ Cleared for full participation, including athletics and physical education classes, based on the history and my physical examination.

☐ Cleared for school attendance only.

☐ Not cleared for: _____

Recommendation(s): _____

Signing below confirms that a review of the family history and a complete physical was done. If the exam is performed by a nurse practitioner or PA, it must be co-signed by an MD.

Name of Physician: _____ Address: _____

Signature of Physician: _____ Phone: _____

Date of Exam: _____ Exam is valid only if dated after April 1, 2016.