

# 2016-17 PARAGON HEALTH FORM

To Be Completed By Parent			To Be Completed By Physician			
Student Name:			Physician's Printed Name:			Phone:
Age:	Grade:		Physician's Address:			
Date of Birth:	Gender:					
<b>HEALTH HISTORY</b>			Vital Signs		Satisfactory:	
Answer <b>Yes</b> or <b>No</b> ONLY					Yes    No	
	Yes	No	Ht:			
Chronic Illness			Wt:			
Hospitalization			BP:			
Surgery other than tonsils			General		Comments:	
Injuries treated by physician						
<b>Current medications</b>						
Organs missing						
Heat exhaustion/stroke						
Dizziness, fainting, convulsions and/or headaches			Head			
Knocked unconscious						
Concussion						
Wear glasses/contacts			Eyes			
Hearing defects			Ears			
Dental appliances bridge/braces/plate			Mouth/Throat			
Cough/pain			Lungs			
Problems with blood pressure, heart or murmurs			Heart			
Problems with liver, spleen, or kidney			Abdomen			
Hernia			Genitalia			
Recurrent skin disease			Skin			
Bone/joint injury			Extremities			
Sprain/dislocation			Back/Neck			
Injury that caused a missed practice/event			<b>Scoliosis Screen: Pass    Fail    (please circle)</b>			
Allergy to medications Name:			Allergies:			
Tetanus ( <b>Tdap</b> ) booster in the last 10 years on Immunization Form?			Summary of comments:			
I certify that the above information is current and correct to the best of my knowledge:			<b>Sports Participation    Yes    No    (please circle)</b>			
			Limitations:			
Parent/Guardian Signature		Date	Physician Signature		Date of exam	

RETURN FORM TO PARAGON PREP: 2001 W. Koenig Lane, Austin, TX 78756 by August 1st, 2016.