



**DURHAM STRIDERS YOUTH ASSOCIATION, INC.**  
**MEDICAL EXAMINATION FORM**

NAME \_\_\_\_\_  
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 duration	___	___
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	___	___
Family history of sudden or unexplained death	___	___
Hypertension (high blood pressure)	___	___
Family history of hypertension	___	___
Family history of diabetes	___	___

Explain any above questions answered "yes" \_\_\_\_\_

\_\_\_\_\_

Is your child on any chronic medications? YES NO

If yes, please list \_\_\_\_\_

\_\_\_\_\_

Is your child being treated for a chronic illness YES NO

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 \_\_\_\_\_

