

MARION MILITARY INSTITUTE  
 Medical History Form (To be completed by Cadet and/or Parent)

NAME: \_\_\_\_\_ SEX at Birth: \_\_\_\_\_ AGE: \_\_\_\_\_ Date of BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Explain 'YES' answer	YES	NO
1. Has a doctor or medical provider ever restricted/denied your participation in sports or physical training?		
2. Have you ever been hospitalized or spent the night in a hospital?		
3. Do you have any ongoing medical conditions (like Asthma, diabetes, high blood pressure joint or bone injuries)?		
4. Are you currently taking any medications or pills (prescription or over the counter), if yes list in item 20?		
5. Do you have any allergies (medicine, pollens, foods, bees, or other stinging insects)? If yes list in item 20?		
6. Have you ever passed out during or after exercise?		
Have you ever had chest pain or discomfort in your chest during or after exercise		
Do you tire more quickly than your friends during exercise?		
Have you ever had high blood pressure?		
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?		
Have you ever had racing of your heart or skipped heartbeats?		
Has anyone in your family died of heart problems or sudden death before age 50?		
Does anyone in your family have a heart condition? Who _____		
Has a doctor ever ordered a test on your heart (EKG, Echocardiogram)?		
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne, or facial shaving bumps)?		
8. Have you ever had a head injury or concussion?		
Have you ever been knocked out or unconscious?		
Have you ever had a seizure?		
Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?		
9. Have you ever had heat or muscle cramps to include shin splints?		
Have you ever been dizzy or passed out in the heat?		
10. Do you have any trouble breathing or do you cough during or after exercise?		
Do you take any medications for asthma (inhalers, oral meds, breathing treatments)?		
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, joint stabilizers etc)?		
12. Have you had any problems with your eyes or vision?		
13. Do you wear glasses or contacts or protective eye wear?		
14. Have you had any other medical problems (Infectious mononucleosis, diabetes, covid-19, Infectious diseases, etc)?		
15. Have you had a medical problem or injury since your last medical evaluation? If yes explain: _____		
16. Have you ever been told you have sickle cell or sickle cell trait?		

Marion Military Institute

Mandatory Cadet and Athlete Physical

Page 2 and 3 to be completed by MD, DO, PA, or NP only

Pre- Participation Physical\* Required for all cadets (to be completed by no more than 60 days PRIOR to ARRIVAL on CAMPUS) and for student athletes once each calendar year per the National Junior College Athletic Association (NJCAA) guidelines. Note: Exam must be performed and signed by a Physician (MD, DO, PA or NP ONLY, a chiropractor is not acceptable for this physician.

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender at Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ Glasses or Contacts: \_\_\_\_\_

Vision: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Corrected Vision: Yes or No Comments: \_\_\_\_\_

Examination	Normal	Abnormal	If Abnormal, please explain	Initials
<b>Appearance</b>				
Skin				
Head and neck				
Eyes/Ears/ Nose				
Teeth/Mouth/Throat				
Lungs/Chest				
Cardiovascular/ Heart				
Abdomen/Lymphatic/ Gastrointestinal				
Genitalia				
Inguinal Hernia				
<b>Overweight/Obese/Morbid Obesity</b>				
Neurological				
<b>Musculoskeletal</b>				

**MEDICAL FITNESS STATEMENT**  
FOR ENROLLMENT IN BASIC