



SEADO Enterprises, Inc.
14331 S. Clark Street
Riverdale, IL 60827
Office: 708.841.8885
Fax: 708.841.8349

SEADO Enterprises

“A Sports and Information Referral Service”

“The McNabb Challenge Pro Style Clinic/Player Assessment Skills Session (PASS) Mini Camp ”
Medical Screening Form

The requirement for attending the pro style clinic and or PASS mini camp is to complete all forms and return all forms by fax or US mail to SEADO Enterprises prior to clinic or mini camp.

Please print or type all information.

First Name: MI: Last Name:

Current High School: Graduation Year (yyyy):

Student Medical History:

Check Off Appropriate Box

Do you now have or ever had the following:

- Irregular Heart Beat Yes No
Heart Problems Yes No
Any one in immediate family had heart problems before age 50 Yes No
Difficulty breathing after exercising Yes No
High Blood Pressure (Hypertension) Yes No
Blood Clots Yes No
Epilepsy Yes No
Asthma Yes No
Diabetes Yes No
Present Allergies Yes No

Have you ever:

- Had an operation or surgery Yes No
Been restricted from playing athletics Yes No
Been knocked Out or unconscious Yes No
Fainted after during or after exercising Yes No
Suffered a concussion Yes No
Stayed overnight at the hospital Yes No
Had heat exhaustion or heat stroke Yes No
Broken any bones or limbs (fingers, legs, arms etc.) Yes No
Been placed on medication by a doctor Yes No

Do you presently:

- Wear glasses Yes No
Hearing aid or wear dental appliances Yes No

This form must be completed and signed by both the student and parent/guardian before our physical examination can be administered. Your signatures confirm that you have read and understand all information listed above and you give your permission and consent to emergency and or medical treatment.

Parent/Guardian Signature: Date:

Athlete/Participant Signature: Date: