**APW ATHLETIC DEPARTMENT HEALTH REPORT**

This health history is needed for interscholastic sports only.

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPORT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY (completed before each sports season):**  YES NO

1. Are you currently **under medical care** for any condition? \_\_\_ \_\_\_

2. Have you had any illnesses lasting more than a week? \_\_\_ \_\_\_

3. Have you had any injuries in the past year? \_\_\_ \_\_\_

4. Have you had any operations or been hospitalized overnight? \_\_\_ \_\_\_

5. Are you **taking any medication** now or will any be needed during \_\_\_ \_\_\_

sports season? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you have any allergies (bees, food etc...?)If yes, allergy & \_\_\_ \_\_\_ reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Have you ever passed out for any reason? \_\_\_ \_\_\_

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Has there ever been a sudden death in a family member? \_\_\_ \_\_\_

HAS YOUR CHILD EVER HAD?

YES NO YES NO

**Asthma**  \_\_\_ \_\_\_ Eye problem/vision loss \_\_\_ \_\_\_

Diabetes \_\_\_ \_\_\_ Ear problem/hearing loss \_\_\_ \_\_\_

Tuberculosis \_\_\_ \_\_\_ Bladder/kidney problem \_\_\_ \_\_\_

Convulsions/seizures \_\_\_ \_\_\_ Head injury/ **Concussion** \_\_\_ \_\_\_

Hernia \_\_\_ \_\_\_ Fracture/dislocation \_\_\_ \_\_\_

Bleeding tendencies \_\_\_ \_\_\_ Joint/Muscle/Ligament injury \_\_\_ \_\_\_

Jaundice \_\_\_ \_\_\_ previous surgery \_\_\_ \_\_\_

**Elevated Blood Pressure** \_\_\_ \_\_\_ serious injury \_\_\_ \_\_\_

Heart problem/murmur \_\_\_ \_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered yes to any of the above, please explain here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes answers do not necessarily disqualify you, but they may be reviewed by the school doctor.

We understand and realize that the above questions are asked in order to determine if our child is in physical condition to participate in athletic activity. The answers are correct as of this date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature Date Parent signature Date