



SPORTS HEALTH HISTORY

This Health History Form 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? If yes, explain
_____ | _____ | _____ |
| 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. Do you take any medication that need to be taken during school? If yes, explain
_____. | _____ | _____ |
| 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? | _____ | _____ |

Does your child have any of the following?

	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

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

Student signature

Parent signature

Date