INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

PART A: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student: ___________________________________________ Age: ____________

Grade (check):  ☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11  ☐ 12 Date of Birth: ____ / ____ / ____

Sport: ___________________________ Level (check):  ☐ Varsity  ☐ JV  ☐ Fresh  ☐ Jr. High

Limitations: ☐ Yes  ☐ No

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Note: “Yes” to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it may require a review and approval by the school physician before the student can report to practice or tryouts.

HISTORY SINCE LAST HEALTH APPRAISAL:

Allergies (Bee Sting/Medications/Food/Latex, etc.)  ☐ Yes  ☐ No

Does the student carry an Epi-pen® for a life-threatening allergy?  ☐ Yes  ☐ No

Asthma

Does the student carry an inhaler?  ☐ Yes  ☐ No

Concussion/Head injury/Seizures  ☐ Yes  ☐ No

Recent injury that requires medical attention or protective equipment?  ☐ Yes  ☐ No

Recent illness lasting longer than one week (ie. Mono)  ☐ Yes  ☐ No

Currently taking medications  ☐ Yes  ☐ No

Diabetes/Hypoglycemia  ☐ Yes  ☐ No

Heart/Blood Pressure Problems  ☐ Yes  ☐ No

Heat Exhaustion or Stroke  ☐ Yes  ☐ No

Hearing Impairment  ☐ Yes  ☐ No

Bleeding Tendency/Anemia  ☐ Yes  ☐ No

Recent Surgery or Hospitalization  ☐ Yes  ☐ No

Kidney/Liver Disease  ☐ Yes  ☐ No

Contact Lenses  ☐ Yes  ☐ No

Is there any medical condition that might be aggravated by playing sports?  ☐ Yes  ☐ No
PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation that caused any questions in PART B to be answered “YES”.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

PART D: PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named in PART A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: ________________________________ DATE: ____/____/____

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Date of last health appraisal: ____/____/____

Sports Participation:

☑ Approved ☑ Referred to School Physician

Signed: ________________________________ Date: ____/____/____
School Health Office

If referred to the School Physician:

☑ Requalified ☑ Disqualified

Signed: ________________________________ Date: ____/____/____
School Physician