UNATEGO

ATHLETIC HEALTH HISTORY → Yearly Form

SCHOOL NAME:_____

NAME:_____ Birth Date:_____

Participation in athletics is voluntary and is not a required part of the regular physical education program.

SPORTS ACTIVITIES

Identify any sports in which you **DO NOT** wish your child to participate_____

_____

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE THE DAY THE ATHLETE HAS HIS/HER PHYSICAL.

HEALTH HISTORY
TO BE COMPLETED BY PARENT

In the past year, has your child had: (please check)

	YES	NO		YES	NO
Allergies/Hay Fever	☐	☐	Elevated Blood Pressure	☐	☐
Bee Sting Allergy	☐	☐	Headaches	☐	☐
Asthma	☐	☐	Head Injury/Concussion	☐	☐
Anemia	☐	☐	Heart Problem/Murmur-Chest pain	☐	☐
Arthritis	☐	☐	Nose Bleeds/Frequent or Severe	☐	☐
Bladder/Kidney Problem or Injury	☐	☐	Ankle Injury	☐	☐
Convulsions/Seizures	☐	☐	Back Pain/Injury	☐	☐
Fainting Spells	☐	☐	Fracture-Dislocation Bones/Joints	☐	☐
Diabetes	☐	☐	Knee Pain/Injury	☐	☐
Ear Problems/Hearing Loss	☐	☐	Neck Injury	☐	☐
Eye Problems/Vision Loss	☐	☐	Nose Fracture	☐	☐
Injury to the Spleen	☐	☐	Rheumatic Fever	☐	☐
Joint Sprain/Ligament Tear/Muscle Pull	☐	☐	Stomach Ulcer	☐	☐

	YES	NO
Is there a current medical examination on file in the nurse's office:	☐	☐
Is your child assigned to the Adaptive Physical Education Program or has he/she been in the Adaptive Physical Education?	☐	☐
Has your child been unconscious or lost memory from a blow on the head?	☐	☐

Does your child have any of the following:

	YES	NO
One eye or severe uncorrectable loss of vision in one or both eyes	☐	☐
Severe hearing loss in both ears	☐	☐
One kidney	☐	☐
One testicle	☐	☐
Has your child been ill for five (5) consecutive days?	☐	☐

_____

_____

	YES	NO
Has your child ever had an illness, condition, or injury that required him/her to go to the hospital either as a patient overnight or in the emergency room or for x-rays; required an operation; caused your child to miss a game or practice?_____	☐	☐
Is your child under medical care now?.....	☐	☐
Has your child taken any medication in the past year?.....	☐	☐
If so, why?_____		
Is your child taking any medications now?.....	☐	☐
If so, why?_____		
Has your child ever fainted during exercise?.....	☐	☐
If so, explain._____		
Has there ever been sudden death in a family member under fifty (50) years of age?.....	☐	☐
Do you have any worries about your child's health or other questions you would like to discuss with a doctor?.....	☐	☐
Does your child have: orthodontic appliances?.....	☐	☐
Capped teeth?.....	☐	☐
Wear contact lenses for sports?.....	☐	☐
Wear glasses for sports?.....	☐	☐
Since your child's last physical examination, has your child had any injury or illnesses?..	☐	☐

I agree with the above answers and consent to participation of my child in the interscholastic program of his/her school including practice sessions and travel to and from the athletic contests.

I also agree to emergency medical treatment as deemed necessary by the physicians designed by school authorities.

PARENT SIGNATURE:_____ Date:_____