# ATHLETIC HEALTH HISTORY

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:_____