

# ATHLETIC HEALTH HISTORY FORM

State law mandates that a health history must be completed by a parent or guardian before each sport season. Please fill out and sign prior to the day the athlete has his/her physical.

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

Has your child ever had (please check):

|                            | NO | YES | DATE |
|----------------------------|----|-----|------|
| Allergies: Seasonal        |    |     |      |
| To medication?             |    |     |      |
| To foods?                  |    |     |      |
| Bee sting allergy          |    |     |      |
| Medication for above       |    |     |      |
| Asthma                     |    |     |      |
| Anemia                     |    |     |      |
| Arthritis                  |    |     |      |
| Attention Deficit Disorder |    |     |      |
| Bladder/Kidney disease     |    |     |      |
| Blood disorder/transfusion |    |     |      |
| Cancer                     |    |     |      |
| Chicken Pox                |    |     |      |
| Diabetes                   |    |     |      |
| Elevated blood pressure    |    |     |      |
| Emotional/mental illness   |    |     |      |
| Epilepsy/seizure disorder  |    |     |      |
| Gastro-intestinal disorder |    |     |      |
| Hepatitis/liver disease    |    |     |      |
| Immune disorder            |    |     |      |
| Meningitis                 |    |     |      |

|                              | NO | YES | DATE |
|------------------------------|----|-----|------|
| Mononucleosis                |    |     |      |
| Pneumonia                    |    |     |      |
| Rheumatic fever              |    |     |      |
| Tuberculosis                 |    |     |      |
| Heart disease/murmur         |    |     |      |
| Chest pains/palpitations     |    |     |      |
| Shortness of breath (severe) |    |     |      |
| Loss of consciousness        |    |     |      |
| Swelling of feet/ankles      |    |     |      |
| Injury to the spleen         |    |     |      |
| Head injury/concussion       |    |     |      |
| Fracture of bones/nose       |    |     |      |
| Recurrent dislocation        |    |     |      |
| Joint sprain                 |    |     |      |
| Ligament/muscle pull         |    |     |      |
| Severe/frequent nosebleeds   |    |     |      |
| Back pain/injury             |    |     |      |
| Neck injury                  |    |     |      |
| Knee injury/pain             |    |     |      |
| Ankle injury                 |    |     |      |
| Neuromuscular disease        |    |     |      |

Explain any "YES" answers: \_\_\_\_\_

Does your child have any of the following? If YES, please explain.

One eye or severe uncorrectable loss of vision in one or both eyes? No \_\_\_\_\_ Yes \_\_\_\_\_

Severe hearing loss in one or both ears? No \_\_\_\_\_ Yes \_\_\_\_\_

One kidney? No \_\_\_\_\_ Yes \_\_\_\_\_

One testicle? No \_\_\_\_\_ Yes \_\_\_\_\_

Has your child been ill for five (5) consecutive days? No \_\_\_\_\_ Yes \_\_\_\_\_

Date \_\_\_\_\_

Has your child ever had surgery? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

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, which caused your child to miss a game, practice or gym?

No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Has your child ever fainted during exercise? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Is your child under medical care now? No \_\_\_\_\_ Yes \_\_\_\_\_

Is your child taking any medication now? No \_\_\_\_\_ Yes \_\_\_\_\_

Since your child's last physical exam, has your child had any injury or medical illness? No \_\_\_\_\_

Yes \_\_\_\_\_ Date \_\_\_\_\_

Does your child have: (please check) Orthodontic appliances \_\_\_\_\_ Contact lenses for sports \_\_\_\_\_

Glasses for sports \_\_\_\_\_ Broken, chipped or capped teeth \_\_\_\_\_

Date of last physical: \_\_\_\_\_

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 athletic contests.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_