

## PRE-PARTICIPATION HEALTH HISTORY



**This form must be completed and returned by parent/guardian on or before the time of your student's athletic physical.**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Has your child ever:**

	YES	NO
Been restricted in gym or sports participation for medial reasons?	_____	_____
Been unconscious or lost memory from a blow on the head (concussion)?	_____	_____
Had faintness, dizziness, chest pain, or fainting spell during exercise?	_____	_____

	YES	NO		YES	NO
Had convulsions/seizures?	_____	_____	Had a heart problem/murmur?	_____	_____
Had fainting spells?	_____	_____	Had an injury to the spleen?	_____	_____
Had diabetes?	_____	_____	Had a neck or back injury?	_____	_____
Had rheumatic fever?	_____	_____	Had bladder/kidney problem/injury?	_____	_____
Had arthritis?	_____	_____	Had asthma related to exercise?	_____	_____
Had nosebleeds/frequent or severe?	_____	_____	Had allergies/hay fever?	_____	_____
Had elevated blood pressure?	_____	_____	Had bee-sting allergy?	_____	_____
Has there ever been sudden death of a family member under 50 years of age?			_____	_____	_____
Explain: _____					

**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 one or both ears?	_____	_____
A single kidney or a single testicle?	_____	_____
Special orthodontic appliances or capped teeth?	_____	_____
Glasses or contact lenses for sports?	_____	_____
Physical handicap, either from birth, illness, or injury?	_____	_____
Explain: _____		

**Has your child, in the past year, had:**

	YES	NO		YES	NO
Headaches?	_____	_____	Anemia?	_____	_____
Ear problem/hearing loss?	_____	_____	Eye problems/vision loss?	_____	_____
Ankle injury?	_____	_____	Knee injury?	_____	_____
Joint sprain/ligament tear/muscle pull?	_____	_____			
Fracture or dislocation of any bone or joint?	_____	_____			
Any remaining problems with previous injury?	_____	_____	Any continuing treatment?	_____	_____
Any illness, condition or injury requiring activity limitations, absence over five days?			_____	_____	_____
Is your child under medical care now? _____					
Taking any medications now? _____					
Explain: _____					

Do you have any other concerns about your child's health that you wish to discuss with a doctor? \_\_\_\_\_  
 Explain: \_\_\_\_\_

**( ) My child will be getting their physical through our family physician.**

I understand that participation in athletics is voluntary. The above answers are accurate. I agree to allow the above student to participate in the athletic program of his/her school including practice sessions and travel to and from athletic contests.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date