



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. Please fill out the entire front (and Part C on back if any questions in Part B were answered YES. PARENT/GUARDIAN MUST SIGN PART D

PART A:

Student: _____ Age: _____
Grade (check): [] 7 [] 8 [] 9 [] 10 [] 11 [] 12 Date of Birth: ___/___/___
Sport: _____ Level (check): [] Varsity [] JV [] Modified
Date of last health appraisal: ___/___/___ 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 [] Yes [] No
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

School Health Services



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

Sports Participation:

- Approved Referred to School Physician

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

If referred to the School Physician:

- Requalified Disqualified

Signed: _____ Date: ____/____/____
School Physician