Brentwood Union Free School District

Health History Form (Grades 7-12) – Sports

This form must be completed and signed by parent in blue or black ink.

This form must be completed within the 30 day period of the start of sport season

PREPARTICIPATION/INTERVAL ATHLETIC HEALTH HISTORY

School Name: ____

Student Name: ____ DOB: ___/___/___

Grade (check): ❑ 7 ❑ 8 ❑ 9 10❑ 11❑ 12❑

Sport: ____________________ Level (check): ❑ Varsity ❑ JV ❑ Freshman ❑ Middle School

Date form completed __/__/__

Health History to be completed by Parent/Guardian

Answer questions below to indicate if your child has or has ever had the following

Provide details to any yes answers on back:

	YES	NO
Ever been restricted by a doctor or nurse practitioner from sports participation for any reason?		
Have an ongoing medical condition? Please check below: ❑ Asthma ❑ Diabetes ❑ Seizures ❑ Sickle cell trait or disease ❑ Other		
Ever had surgery?		
Ever spent the night in a hospital?		
Have a life threatening allergy? ❑ Medication ❑ Food ❑ Insect bites ❑ Pollen ❑ Latex ❑ Other		
Carry an epinephrine auto-injector?		
Ever passed out during or after exercise?		
Ever complained of light headedness or dizziness during or after exercise?		
Ever complained of chest pain, tightness or pressure during or after exercise?		
Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does she, he have a pacemaker?		
Ever had a test by their physician for his/her heart? (eg. EKG, echocardiogram, stress test)		
Ever been told they have a heart condition or problem?		
Ever had high or low blood pressure?		
Ever complained of getting more tired or short of breath than his/her friends during exercise?		
Wheeze or cough frequently during or after exercise?		
Ever been told by their health care provider they have asthma?		
Use or carry an inhaler or nebulizer?		
Ever become ill while exercising in hot weather?		
On a special diet or have to avoid certain foods?		
Have to worry about their weight?		
Have Stomach problems?		
Ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told she, he had a concussion?		

	YES	NO
Ever had headaches with exercise?		
Ever had a seizure?		
Currently being treated for a seizure disorder or epilepsy?		
Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
Ever an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
Use a brace, orthotic or other device?		
Have any problems with his/her hearing or wear hearing aids?		
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?		
Have any problems with his/her vision or have vision in one eye only?		
Wear glasses or contacts?		
Ever had a hernia?		
Does she, he have only 1 functioning kidney?		
Does she, he have a bleeding disorder?		
Females Only	**YES**	**NO**
Has she had her period? At what age did it begin?		
How often does she get it her period?		
Date of last menstrual period?		
Males Only	**YES**	**NO**
Does he have only one testicle?		
Family History	**YES**	**NO**
Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		

Over Please ➔

PREPARTICIPATION/INTERVAL ATHLETIC HEALTH HISTORY – Page 2

Please explain fully any question you answered yes to in the space below (Please print clearly, and provide dates if known):

____

____

____

____

____

____

____

____

____

____

____

____

____

____

I am aware that practicing and playing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and playing in a sport include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, tendons; and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing and playing in a sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Football, wrestling, baseball, basketball, soccer, lacrosse and softball are more dangerous collision/contact sports involving even greater risk of injury than other sports.

I have read the above statement and I give permission for my child to participate in the following

sport:________________________________

I certify that to the best of my knowledge my answers are complete and true.

Signature of Parent/Guardian:____Date:___________

Because of the dangers of participating in the above sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and agree to obey such instructions. I have read the above warning.

Student's Signature:_______________________________________Date:_____________Telephone:_______________

This form may take up to 72 hours to process for sports clearance.

Reviewed by ____ Date:____