



INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

SCHOOL NAME: _____

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 unless the student received a full medical examination within 30 days of the start of the season.

PART A: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Student: _____ Age: _____

Grade (check): 7 8 9 10 11 12 Date of Birth: ____/____/____

Sport: _____ Level (check): Varsity JV Frosh Jr. High

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

