

Sports Participation Medical History (To be completed by Parent/Guardian)

Name: _____ Grade: _____ Age: _____ Date: _____

Dear Parents: We want to assure, as well as possible, your child's safety for sport's participation. Please complete the following medical history about your child:

1: Has he/she had any serious illness or injury since their last regular or sport physical exam? ___No ___Yes

2: Have any family members under age 50 had a heart attack, heart problems, or died suddenly of causes other than an accident? ___No ___Yes

3: Have he/she ever been told they have a heart murmur, high blood pressure, extra heart beats, or a heart abnormality? ___No ___Yes

4: Is he/she missing any organs (eye, kidney, spleen, testicle, etc.)? ___No ___Yes

5: Has he/she ever had chest pain, fainting, or dizziness with exercise? ___No ___Yes

6: Has he/she ever "passed out", been "knocked out"(concussion), had trouble with heat exhaustion, or had seizures(convulsions)? ___No ___Yes

7: Is he/she on any regular medications, supplements, or performance enhancing medicines? ___No ___Yes

8: Does he/she have to stop while running twice around a standard track (400 meters / a mile)? ___No ___Yes

9: Other than a minor flu or other common medical illness, has he/she ever had an illness, injury or condition that:

A: Required hospitalization, emergency room treatment, or x-ray> ___No ___Yes

B: Required an operation? ___No ___Yes

C: Lasted longer than a week? ___No ___Yes

D: Caused you to miss a game or practice? ___No ___yes

E: Is related to allergies (asthma, hay fever, hives, medicine)? ___No ___Yes

10: Does he/she wear glasses, contacts, have false teeth or use other medical or protective appliances? ___No ___Yes

11: Are you concerned about his/her weight? (or weight loss for sport?) ___No ___Yes

12: (Female only) Are her periods regular? Does she have menstrual problems? ___No ___Yes

Further Information on "Yes" Answers:

Your signature below gives permission to allow our school physician to perform the physical exam, free of charge.

_____ (Signature)