

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION**

Prior to the start of the sports season, this health history review **MUST** be completed **UNLESS** the student has had a full medical exam within 30 days of the **START** of the season.

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_ Level \_\_\_\_\_

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**PART A – TO BE COMPLETED BY PARENT/GUARDIAN:**

**HEALTH HISTORY SINCE LAST PHYSICAL EXAM:**

If the answer to any of the following questions is “YES”, please describe the condition that prompted your answer in Part C on the reverse side of this form:

	<b><u>CHECK ONE</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
1.	Any injuries requiring medical attention?	_____	_____
2.	Any illness lasting more than 5 days?	_____	_____
3.	Taking medicine or under doctor’s care at this time?	_____	_____
4.	Any dizziness, faintness or fatigue after exercise or exertion?	_____	_____
5.	Change in wearing glasses or contact lenses?	_____	_____
6.	Any surgical operations or fractures?	_____	_____
7.	Any treatment in a hospital or emergency room?	_____	_____
8.	Developed any allergies?	_____	_____

**PART B – TO BE COMPLETED BY PARENT OR GUARDIAN:**

Describe below the condition or situation that caused any question in PART B to be answered “YES”:

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**PART C – PARENT/GUARDIAN PERMISSION:**

I, the undersigned, clearly understand these questions are asked in order to determine 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:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For Official School Use Only** - School Nurse/Doctor Signature \_\_\_\_\_  
Date \_\_\_\_\_