STUDENT _____ LAST PHYSICAL_____

SPORT_____GRADE_____YEAR_____

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

(To be completed at the start of each new sport)

TO BE COMPLETED BY THE PARENT/GUARDIAN

NOTE "Yes to any of these questions does NOT mean automatic disqualification from Athletic activity."

PART A – HISTORY SINCE LAST HEALTH APPRAISAL:

1.	Any injuries requiring medical attention in the last 12 months?	☐ Yes	☐ No
2.	Any illness lasting more than (5) days?	☐ Yes	☐ No
3.	Taking medicine or under physician's care at this time?	☐ Yes	☐ No
4.	Any feeling of faintness, dizziness or fatigue after exercise or Exertion ?	☐ Yes	☐ No
5.	Change in wearing glasses or contact lens?	☐ Yes	☐ No
6.	Any surgical operations, fractures, or dislocations?	☐ Yes	☐ No
7.	Any treatment in hospital or emergency room ?	☐ Yes	☐ No
8.	Any allergies? (food, drugs, insects)	☐ Yes	☐ No
9.	Any chronic disease?(asthma, diabetes, ect.)	☐ Yes	☐ No
10.	Loss of a paired organ? (kidney, testicle, ovary, lung)	☐ Yes	☐ No
11.	Heart or blood pressure problems?	☐ Yes	☐ No
12.	Pregnancy during the last 3 months?	☐ Yes	☐ No
13.	Sudden death in close family member under 50 years of age?	☐ Yes	☐ No

PART B- DESCRIBE THE CONDITION OR SITUATION THAT CAUSED ANY QUESTIONS IN PART A TO BE ANSWERD "YES". PLEASE INCLUDE ANY MEDICATIONS.(EXAMPLE: ASTHMA WITH INHALER.)

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PART C- PARENTAL PREMISSION,

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team of his/her choice. The answers are correct as of this date and he/she has permission to participate. I also understand that my child must have had a complete physical during the past 12 months. If an updated physical is needed, I give my permission for the School Doctor to give the physical.

SIGNED_____ DATE_____

MEDICAL APPROVED_____ DATE_____