

HEALTH HISTORY/SCREENING FORM

Student Name _____

Last

First

MI

Grade _____

Date _____

IV. HEALTH HISTORY AND STATUS REVIEW SINCE LAST MEDICAL EXAMINATION*

1. Any injuries or serious illness since last medical exam? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>	8. Any blood disorders (i.e. disease, frequent nose bleeds, etc.)? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>
2. Any illness requiring medication and/or under physician's care at this time? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>	9. Any recent fracture or surgical operation? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>
3. Any known allergies (i.e. medication, bee sting, etc.)? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>	10. Suffered head injury or seizure? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>
4. Any chronic disease or condition (i.e. asthma/use of inhaler, diabetes, thyroid, etc.)? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>	11. Any impairment and/or loss of function such as: eyes, kidneys, etc.? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>
5. Wears glasses/contact lenses or needs protective eyewear? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>	12. Has there ever been a sudden death of a family member under fifty years of age? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>
6. Need to use any protective device during sport activity (i.e. knee brace, mouth guard, etc.)? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>	13. Any other pertinent condition which would either prohibit or cause him/her to be endangered by such participation? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>
7. Any feeling of faintness, dizziness, fatigue after exercise? If yes, explain	Y N <input type="checkbox"/> <input type="checkbox"/>		

*Note: "YES" answer to any of these questions does not mean automatic disqualification from the sport/activity indicated. They will require review and evaluation by the school personnel prior to approval.

x

Signature of Parent/Guardian _____

Date _____