

Sport Participation Health History

NAME:
SPORT:

DATE OF BIRTH:
DATE FORM FILLED OUT:

General Medical History *(to be completed by parent or guardian)*

Indicate if you or any member of your family have or had the following illnesses or conditions by marking (S) for student, (F) for family (sibling or parent), and (B) for both in the appropriate box. Please include dates where appropriate.

Asthma		Heart disorder	
Respiratory disorder		Gastrointestinal disorder	
Anemia (including sickle cell)		Kidney/Genitourinary disorder	
Hepatitis		Epilepsy or convulsive disorder	
Mononucleosis		Concussion Number: _____	
Diabetes		Frequent or severe headaches	
Thyroid disorder		History of fainting or dizziness	
Osteoporosis/ Osteopenia		Heat stroke	
High blood pressure		Absence of paired organ (eye, kidney)	

If **YES** to any of the above, please explain:

Do you have any allergies? _____

Has any member of your family under age 50 had a heart attack, heart problem, or died unexpectedly? _____

Have you ever been dizzy or passed out during or after exercise? _____

Have you ever been unconscious or had a concussion? _____

Do you or a family member have a bleeding disorder? _____

Do you take any regular medication? _____

Do you wear protective or prescription lenses, glasses, or contact lenses? _____

Do you wear dental bridges, plates, or braces? _____

Have you ever been denied athletic participation for medical reasons? _____

For Women: Are your menses monthly? _____ What is the longest time you have gone between periods? _____

Over

Orthopedic History *(to be completed by parent or guardian)*

Include any major musculoskeletal injury to the following areas; include sprains, dislocations, fractures, and surgery.

Area	Right	Left	Date	Injury Type/ Description
Foot				
Ankle				
Lower leg				
Thigh				
Hip				
Spine				
Shoulder				
Upper arm				
Forearm				
Wrist				
Hand				
Head				
Neck				
Other				

Do you have any other type of illness, injury, or condition that is being monitored by a doctor?
(If yes, please explain) _____

Have you ever had an injury that required you to go to an Emergency Room? _____

Have you ever had an injury that required you to stay in the Hospital? _____

Have you ever had an injury that required you to obtain X-Rays? _____

Have you ever had an injury that required you to miss 3 days of practice or a competition?

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

Over

Interim Sports Participation Health History

Name: _____ Date of Birth: _____ Date form filled out: _____

1. Over the next 12 months, I wish to participate in the following sports:

- a. _____
- b. _____
- c. _____
- d. _____

2. Have you ever missed more than 3 consecutive days of participation in usual activities because of an injury this past year?

Yes _____ No _____

If yes, please indicate:

- a. Site of injury _____
- b. Type of injury _____

3. Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not resolved in this past year?

Yes _____ No _____

If yes, please indicate:

- a. Type of illness _____

4. Have you had a seizure, concussion, or been unconscious for any reason in the past year?

Yes _____ No _____

5. Have you had surgery or been hospitalized in this past year:

Yes _____ No _____

If yes, please indicate:

- a. Reason for hospitalization _____
- b. Type of surgery _____

6. List all medications you are presently taking and what condition the medication is for

- a. _____
- b. _____
- c. _____
- d. _____

7. List any specialist or other physician you have visited this past year, and the reason for the visit

- a. _____
- b. _____
- c. _____

8. Are you worried about any problem or condition at this time?

Yes _____ No _____

If yes, please explain: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

(This form should be used during the interval between pre-participation evaluations. Positive responses should prompt a physical exam.) Signature of physician reviewing form: _____ Date: _____