

Name _____ Date of Birth _____ Grade _____ ID # _____

	NO	YES	Explain "Yes" responses & give dates of injury/illness
<u>PERSONAL HISTORY:</u>			
Does this student have:			
A chronic illness?			
Asthma?			
Diabetes?			
Only 1 eye?			
Only 1 kidney?			
Seizure disorder/convulsions?			
Heart murmur or other heart problem?			
High blood pressure?			
Unexplained fainting or near fainting?			
Hernia?			
Back problem/back injury?			
Hip/knee/ankle problem or injuries?			
Does this student: Wear glasses/contact lenses for sports?			
Have any caps or false teeth?			
Take medication daily?			
Use an Epi-Pen or inhaler?			
(Males only) have only 1 testicle?			
(Females only) Age menses began? _____ Are menses regular?			
Has this student: Had a doctor's excuse for PE/sports in the past 6 months?			
Been sick >1 week within the past year?			
Had a concussion?			
Had a fracture (broken bone)?			
Had a dislocation?			
Been in the hospital overnight?			
Had a surgical procedure?			
Had chest pain/discomfort upon exertion?			
Had excessive and unexplained fatigue associated with exercise?			
Experienced dizziness/light headedness?			
<u>FAMILY HISTORY: Does this student have:</u>			
A close relative under the age of 50 with a disability from heart disease?			
One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50?			
A family member with knowledge of certain cardiac conditions for example: EKG abnormalities, Marfan Syndrome, cardiac arrhythmias, cardiomyopathy?			

"Yes" responses do not mean automatic disqualification from athletic activities.

Students using an inhaler or Epi-Pen must submit a doctor's order and parent/guardian medication permission form which will be valid for the school year to the Health Office. I will notify the School Nurse and the Coach of any changes to my child's health status and/or if he/she is absent for more than 5 consecutive days due to illness or injury. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and accurate.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____