



**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION**

SCHOOL NAME: \_\_\_\_\_

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

**PART A: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (check):        7        8        9        10        11        12        Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sport: \_\_\_\_\_ Level (check):    Varsity        JV        Modified

Date of last health appraisal: \_\_\_\_/\_\_\_\_/\_\_\_\_        Limitations:    Yes    No

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

**Note:** "Yes" to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it may require a review and approval by the school physician before the student can report to practice or tryouts.

**HISTORY SINCE LAST HEALTH APPRAISAL:**

Allergies (Bee Sting/Medications/Food/Latex,etc.)	Yes	No
Does the student carry an Epi-pen® for a life-threatening allergy?	Yes	No
Asthma	Yes	No
Does the student carry an inhaler?	Yes	No
Concussion/Head injury/Seizures	Yes	No
Recent injury that requires medical attention or protective equipment?	Yes	No
Recent illness lasting longer than one week (ie. Mono)	Yes	No
Currently taking medications	Yes	No
Diabetes/Hypoglycemia	Yes	No
Heart/Blood Pressure Problems	Yes	No
Heat Exhaustion or Stroke	Yes	No
Hearing Impairment	Yes	No
Bleeding Tendency/Anemia	Yes	No
Recent Surgery or Hospitalization	Yes	No
Kidney/Liver Disease	Yes	No
Contact Lenses	Yes	No
Is there any medical condition that might be aggravated by playing sports?	Yes	No



**PART C: TO BE COMPLETED BY PARENT OR GUARDIAN**

Describe the condition or situation that caused any questions in PART B to be answered "YES".

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**PART D: PARENTAL PERMISSION**

I, the undersigned, clearly understand these questions are asked in order to decide 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.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PLEASE RETURN TO THE SCHOOL HEALTH OFFICE**

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**PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

Sports Participation:

Approved                      Referred to School Physician

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School Health Office

If referred to the School Physician:

Requalified                      Disqualified

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School Physician