

# Pre - Season Sports Health History Update

**Prior to the start of tryout sessions or practice** each sport season, a **Health History Update** must be completed and returned to the building's school nurse (**DO NOT GIVE TO COACH**) or the student will not be cleared to participate. The purpose of this health history update is to ensure that any health problems occurring since the last sport season and last physical are identified and considered.

\*\*\*\*\***MUST BE DATED WITHIN 30 DAYS OF 1<sup>st</sup> PRACTICE**\*\*\*\*\*

Student Name \_\_\_\_\_ Gr. \_\_\_\_\_ Birth date \_\_\_\_\_

Date of last Physical \_\_\_\_\_ by Doctor \_\_\_\_\_ School Year \_\_\_\_\_

Sport \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian ~ Answer the following questions regarding your student's health care **since their last physical**  
\*ANY REQUIRED MEDICATION WILL NEED A PHYSICIAN ORDER ON FILE IN THE NURSE'S OFFICE\*

- |   | YES   | NO    |
|---|-------|-------|
| 1. Has the student ever been told not to participate in a sport for a medical reason?                       | _____ | _____ |
| 2. Has anyone in the student's immediate family under age 50 died of heart problems or unexplained causes?  | _____ | _____ |
| 3. Does the student get chest pain, light-headed or faint as a result of exercise?                          | _____ | _____ |
| 4. Does the student have asthma?  | _____ | _____ |
| 5. Does the student require a prescribed *inhaler?  | _____ | _____ |
| 6. Does the student have allergies? (Bee, food, medication etc.) _____                                      | _____ | _____ |
| 7. Does the student require * medication for the allergy? (Epi-pen, Benadryl etc.) _____                    | _____ | _____ |
| 8. Does the student take daily * medication? _____  | _____ | _____ |
| 9. Has the student had a concussion or skull fracture or lost consciousness?                                | _____ | _____ |
| 10. Does the student have any problems with environmental heat (heat fatigue, heat exhaustion, and stroke)? | _____ | _____ |
| 11. Does the student have absent or significantly impaired organs (kidneys, eyes, ears, testicles)? _____   | _____ | _____ |
| 12. Does the student have any other chronic illness (diabetes, seizures, bleeding disorders etc.)? _____    | _____ | _____ |
| 13. Has the student had any operations since his last physical?   | _____ | _____ |
| 14. Has the student had a fracture, sprain or dislocation since his last physical? _____                    | _____ | _____ |
| 15. Does the student wear glasses or contacts for sports participation? _____                               | _____ | _____ |
| 16. <u>Is he/she currently participating in physical education class with restrictions?</u>                 | _____ | _____ |

Comments: Please describe in detail and give dates of any of the above medical concerns. \_\_\_\_\_

## Parental Permission

I, the undersigned, clearly understand the above questions are asked in order to decide if my child can safely participate in the team named above. The answers are truthful, as of the above date. I have also received and read the attached paperwork concerning head injuries and concussions. I understand that additional information regarding concussion management is available on the district website.

**My child has my permission to participate in the above named sport.**

Signed \_\_\_\_\_ Relationship \_\_\_\_\_