Health History for Athletics – Must be completed each season	
Student Name:	DOB:
Sport: Sport Level: ☐ Modified ☐ JV ☐ Varsity	Grade:
	Date of Last Physical:
MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the back page.	

SINCE THE LAST INTERVAL HEALTH HISTORY HAS YOUR CHILD		
GENERAL HEALTH	NO	YES
Been restricted by a health care provider from sports participation for any reason?	☐	☐
Had surgery?	☐	☐
Been diagnosed with mononucleosis within the last month?	☐	☐
Have an ongoing medical condition?	☐	☐
If yes, check all that apply: ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle cell trait or disease ☐ Other:		
Have Allergies?	☐	☐
If yes, check all that apply ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other:		
Carries an epinephrine auto-injector?	☐	☐
HEAD INJURY HISTORY- SINCE LAST UPDATE	NO	YES
Had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion? If so when:	☐	☐
Had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	☐	☐

SINCE THE LAST INTERVAL HEALTH HISTORY HAS YOUR CHILD		
Had a bone, muscle, or joint that bothers them?	☐	☐
Had joints that become painful, swollen, warm, or red with use?	☐	☐
Been diagnosed with a stress fracture?	☐	☐
HEART HEALTH – SINCE LAST UPDATE		
Had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	☐	☐
Had lightheadedness, dizziness, during or after exercise?	☐	☐
Had chest pain, tightness, or pressure during or after exercise?	☐	☐
Had fluttering in the chest, skipped heartbeats, heart racing?	☐	☐
Date of positive COVID test:		
Has your child seen a health care provider for their COVID-19 symptoms?	☐	☐
Was your child hospitalized for COVID?	☐	☐
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	☐	☐

Parent/Guardian Signature:	Date:

Nurse Reviewed: _____ Date: _____ Approved for Sports: _____