HEALTH HISTORY FOR SPORTS

This evaluation is to determine readiness for sports participation

NAME: _____ **AGE:** _____ **Years** **GRADE:** _____

SPORT(S): _____ **SCHOOL:** _____

TO BE COMPLETED BY THE ATHLETE AND PARENT:	**YES**	**NO**
1. Have you ever had an illness that:		
A. Required you to stay in the hospital?	❑	❑
B. Lasted longer than a week?	❑	❑
C. Caused you to miss 3 days of practice or a competition?	❑	❑
D. Is related to allergies (i.e., hay fever, hives, asthma, insect stings?)	❑	❑
E. Required an operation?	❑	❑
F. Is chronic or on-going? (i.e., asthma, diabetes, etc.)	❑	❑
2. Have you ever had an injury that:		
A. Required you to go to an emergency room or see a doctor?	❑	❑
B. Required you to stay in the hospital?	❑	❑
C. Required X-rays?	❑	❑
D. Caused you to miss 3 days of practice or a competition?	❑	❑
E. Required an operation?	❑	❑
3. Do you take any medicine or pills?	❑	❑
4. Have any members of your family under the age of 50 had a heart attack, heart problem, or died unexpectedly?	❑	❑
5. Have you ever:		
A. Been dizzy or passed out during or after exercise?	❑	❑
B. Been unconscious or had a concussion?	❑	❑
6. Do you have trouble running 1/2 mile (2 times around the track) without stopping?	❑	❑
7. Do you:		
A. Wear glasses or contacts?	❑	❑
B. Wear dental bridges, plates or braces?	❑	❑
8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality?	❑	❑
9. Do you have any allergies to any medicine?	❑	❑
10. Are you missing a kidney?	❑	❑

11. When was your last tetanus booster? DATE_____

12. **For Women:**
    A. At what age did you experience your first menstrual period? _____
    B. In the last year, what is the longest time you have gone between periods? _____

EXPLAIN ANY "YES" ANSWERS: _____

_____

_____

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

Signature of athlete: _____ DATE: _____

Signature of parent: _____ DATE: _____