

## ANNUAL OR ATHLETIC COMPETITION HEALTH SCREENING FORM

NAME \_\_\_\_\_ SPORT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

DATE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ HR \_\_\_\_\_

THIS SIDE OF THE FORM **MUST** BE COMPLETED BY THE PARENT/GUARDIAN ON OR BEFORE THE TIME OF THE PHYSICAL TO QUALIFY FOR AN ATHLETIC SPORT.

<u>HAS YOUR CHILD EVER</u>	YES	NO
been restricted in gym or sports participation for medical reasons?	_____	_____
been unconscious or lost memory from a blow on the head (concussion)?	_____	_____
felt faint, dizzy, had chest pain or a fainting spell during exercise?	_____	_____

<u>HAS YOUR CHILD EVER HAD</u>	YES	NO		YES	NO
convulsions/seizures?	_____	_____	heart problems?	_____	_____
fainting spells?	_____	_____	injury to spleen?	_____	_____
diabetes?	_____	_____	neck or back injury?	_____	_____
rheumatic fever?	_____	_____	bladder/kidney problem?	_____	_____
arthritis?	_____	_____	asthma related to exercise?	_____	_____
nosebleeds (frequent/severe)?	_____	_____	allergies/hay fever	_____	_____
elevated blood pressure?	_____	_____	bee sting allergy?	_____	_____
			Sickle cell trait?	_____	_____

EXPLAIN: \_\_\_\_\_

<u>DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:</u>	YES	NO
one eye or severe, uncorrectable loss of vision in one or both eyes?	_____	_____
severe hearing loss in one or both ears?	_____	_____
a single kidney or a single testicle?	_____	_____
special orthodontic appliances or capped teeth?	_____	_____
glasses or contact lenses for sports?	_____	_____
physical handicap either from birth, illness, or injury?	_____	_____

EXPLAIN: \_\_\_\_\_

<u>HAS YOUR CHILD IN THE PAST YEAR HAD</u>	YES	NO
headaches?	_____	_____
ear problems/hearing loss?	_____	_____
ankle injury?	_____	_____
joint sprain/ligament tear/muscle pull?	_____	_____
fracture or dislocation of any bone or joint?	_____	_____
anemia?	_____	_____
eye problem/vision loss?	_____	_____
knee injury?	_____	_____
any remaining problems with a previous injury? Any continuing treatment?	_____	_____
any illness, condition, injury requiring activity/limitations, absences over five days?	_____	_____
is your child under medical care now? Taking any medications now? If so, explain:	_____	_____

Has there ever been a sudden cardiac death of a family member under age 50? \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

I understand that participation in athletics is voluntary. The above answers are accurate. I agree to participation of my student in an athletic program of his/her school including practice sessions and travel to and from athletic contests.

Parent Signatuer: \_\_\_\_\_ Date: \_\_\_\_\_