

INTERSCHOLASTIC SPORTS HEALTH ASSESSMENT RECORD

Must be completed and returned to school before student may practice or play sport. If you cannot, for economic or other important reasons obtain an examination for your child by your own physician, the school doctor will do the examination upon written request to the registered nurse at your child' school. This history must be filled out by parent or guardian before student is seen by physician. Student is to take it to doctor or nurse. **NOTE: All sport physicals are valid for a period of 13 months.**

Name _____ School _____ Date of Birth ___/___/___

Address _____ Phone _____

Grade _____ Age _____ Sport _____, _____, _____

Spring Fall Winter

STUDENTS FAMILY HISTORY (If living, state name and present health; if deceased, give cause of death.)

Father _____ Mother _____

Brothers _____ Sisters _____

ANY FAMILY HISTORY OF: Diabetes? _____ High Blood Pressure? _____
Heart Disease? _____ Seizures? _____

RECORD OF ILLNESS (Check the diseases the student has had; give date or age)

Chickenpox _____ Poliomyelitis _____ Eczema _____

Measles _____ Rheumatic Fever _____ Kidney Disease _____

German Measles _____ Pneumonia _____ Joint Disease _____

Mum _____ Meningitis _____ Heart Disease _____

Scarlet Fever _____ Tuberculosis _____ Epilepsy _____

Whooping
Cough _____ Asthma _____ Hernia _____

Has student had any operations? _____ What and
Where? _____

Does Student take any medicines? Yes No What?

Has student any allergies? Yes
_____ No _____

To What? _____

HAS STUDENT HAD:

Irregular Pulse _____ Enlarged Spleen _____ Eye or Retinal
Injury _____

Heart Disease _____ Ulcers _____ Single Eye

High Blood Pressure _____ Enlarged
Liver _____ Seizures _____

Collapsed Lung _____ Jaundice _____ Thyroid Disease

Asthma _____ Kidney Disease
_____ Diabetes _____

Tuberculosis _____ Single Testicle _____ Heat
Illness _____

Head Injury _____ Shoulder Separation _____ Back
Injuries _____

Neck Injury _____ Knee Injury _____ Fractures

Shoulder Dislocation _____ Ankle
Injury _____ Others _____

Continued on other side

DO ANY OF THE FOLLOWING OCCUR? (Answer Yes or No)

