WESTHILL CENTRAL SCHOOL DISTRICT

SPORTS PARTICIPATION HEALTH HISTORY UPDATE

Prior to the start of each sport season, a health history update form must be completed in order for each athlete to begin their desired sport. Students without this form on file will **NOT** be allowed to practice or otherwise participate. This form is to be completed by both the athlete and a parent or guardian no more then 30 days prior to the start of each sport season. This evaluation is only to determine readiness for sports participation. It should **NOT** be used as a substitute for regular health maintenance examinations.

Name: ______________________________ **Date of Birth:** ______________ **Age:** ________

School: ______________________________ **Gender:** ☐ Male ☐ Female **Date:** ______________

Address: ____ **Phone Number:** ______________

Over the next 12 months, I wish to participate in the following sports:

1. ______________ **2.** ______________ **3.** ______________ **4.** ______________

HEALTH HISTORY FOR SPORTS PARTICIPATION

1. Has your child been hospitalized or had treatment in an emergency room? ☐YES ☐NO
2. Has your child had any surgical operations, dislocations, or fractures? ☐YES ☐NO
3. Is your child presently taking any medications? ☐YES ☐NO
4. Is your child currently under a physicians care? ☐YES ☐NO
5. Has your child passed out, become dizzy, or had chest pain during or after exercise? ☐YES ☐NO
6. Has your child ever had any vision or eye problems, wear glasses or contacts? ☐YES ☐NO
7. Has anyone in your family died of heart problems or sudden death before the age of 50? ☐YES ☐NO
8. Has your child ever had a concussion or become unconscious? ☐YES ☐NO
9. Has your child ever had a seizure? ☐YES ☐NO
10. Does your child have any allergies? ☐YES ☐NO
11. Has your child developed any medical problems or injuries since their last physical examination? ☐YES ☐NO
12. Has your child been diagnosed with Asthma or does he/she use an inhaler? ☐YES ☐NO
13. Does your child wear dental braces? ☐YES ☐NO
14. Is your child missing a kidney? ☐YES ☐NO
15. Has your child ever had a heart murmur, high blood pressure or heart abnormality? ☐YES ☐NO

Females Only:

1. At what age did you experience your first menstrual period? ______________________________
2. Do your periods occur regularly every month? ☐YES ☐NO

Please explain all "YES" answers:

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

Athlete Signature: ______________________________ Date: __________

Parent Signature: ______________________________ Date: __________

SCHOOL NURSES' OFFICE USE ONLY

Reviewed By: ______________________________

Date of Review: ______________________________

Date of 30 Day Review: ______________________________

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