

**ATHLETIC PREPARTICIPATION HEALTH HISTORY
PARENTAL AUTHORIZATION FORM
(Parent to Complete)**

NAME _____ SCHOOL _____ ID # _____
(LAST NAME /FIRST Name)

This Health History form will be reviewed by the school nurse teacher, nurse practitioner or school physician prior to the physical exam. Please be prepared to give details regarding all yes answers.

YES NO

HISTORY

- ____ 1) Did you ever have a serious illness such as pneumonia, hepatitis, rheumatic fever, mononucleosis?
____ 2) Have you ever had a serious injury requiring medical attention?
____ 3) Are you prone to prolonged bleeding or do you have tendency to bleed?
____ 4) Have you ever had bloody urine or bloody bowel movements?
____ 5) Do you or have you ever had diabetes, asthma, jaundice, anemia, other?
____ 6) Do you wear glasses or contact lenses?
____ 7) Do you have sight in both eyes?
____ 8) Do you have any hearing loss?
____ 9) Do you have chronic coughing, wheezing or shortness of breath?
____ 10) Have you ever had chest pain or tightness in chest while running?
____ 11) Have you ever been told that you have heart disease or a heart murmur?
____ 12) Have you ever been told you have high blood pressure?
____ 13) Has any member of your family had a heart attack or heart trouble under the age of 50?
____ 14) Have you ever been told you have an enlarged liver or spleen?
____ 15) Do you have frequent or recurrent abdominal pain?
____ 16) Have you ever been told you have a hernia or rupture?
____ 17) Do you have persistent pains in any joint or in your arms or legs?
____ 18) Have you ever had numbness, weakness or tingling in arms or legs?
____ 19) Have you ever had a limp that lasted more than one week?
____ 20) Have you ever had a knee or ankle injury that produced swelling /pain lasting longer than one week?
____ 21) Have you ever fainted or been knocked out?
____ 22) Have you ever had convulsions, fits or epilepsy?
____ 23) Have you ever been told that you have kidney disease or a urinary tract infection?
____ 24) Have you ever been in the hospital overnight for any reason?
____ 25) Have you ever had surgery? (tonsils, appendix, etc.)
____ 26) Are you allergic to any foods, medication or environmental factors?
____ 27) Are you taking any medication? If yes, what medication _____.
____ 28) Do you have trouble with fever blisters, boils or rashes?
____ 29) Boys only: Do you have both testicles?
____ 30) Girls only: Do you have any difficulty with your menstrual period? Date of last period _____.
____ 31) Do you wear an orthodontic appliance? (Braces on your teeth)
____ 32) Do you have any capped or false teeth?
____ 33) What was the date of your last tetanus/diphtheria shot? _____.

PARENT AUTHORIZATION

To the best of my knowledge this health history is correct and I hereby give permission to the school physician or his/her designee to examine my child for participation in school sports. We realize that there is a risk of being injured that is inherent in all sports. We realize the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death.

Understanding the above, I give permission for my son/daughter _____ a student in the Newburgh Enlarged City School District to participate in _____ (insert name of the sport).

Address _____ Home Telephone _____ Cell _____

Parent/Guardian Signature _____ Date _____

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Parent/Guardian Signature_____ Date_____

Revised 12/07