

INTERIM HEALTH HISTORY

Please complete the following form and return to the school nurse. If there are any “yes” answers, please explain at the bottom of the page.

- | | Yes | No |
|--|-------|-------|
| 1. Have there been any major injuries, surgery, or serious illnesses since the last sports exam? | _____ | _____ |
| 2. Is the athlete under the care of a physician or taking medicine now? | _____ | _____ |
| 3. Does the athlete, his or her parents, or his or her physician, feel that the athlete should be limited in sports participation? | _____ | _____ |
| 4. Are there any new allergies? | _____ | _____ |
| 5. Does the athlete wear glasses or contact lenses? | _____ | _____ |
| 6. Has there been any chest pain, dizziness, or fainting with exercise since the last sports exam? | _____ | _____ |
| 7. Females only – Has the athlete missed more than one menstrual period in the last six months? | _____ | _____ |

Athlete’s Signature: _____

Parent’s Signature: _____

Date: _____

Athletic Director’s Signature: _____ Date: _____

Refer to Nurse Yes _____ No _____

If Yes, Nurse’s Signature; _____

Determination: physical exam required: Yes _____ No _____

Adopted: January 10, 2006