

GLOVERSVILLE ENLARGED SCHOOL DISTRICT

ATHLETIC HEALTH HISTORY

Grade _____

Sport _____

Name _____ BirthDate _____

Participation in athletics is voluntary and is not a required part of the regular physical education program.

THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO THE DAY THE ATHLETE HAS HIS/HER PHYSICAL.

**HEALTH HISTORY
TO BE COMPLETED BY PARENT**

Has your child ever had: (please check)

	No	Yes	Explain if yes
Allergies/Hay Fever	_____	_____	_____
Bee Sting Allergy	_____	_____	_____
Asthma	_____	_____	_____
Anemia	_____	_____	_____
Arthritis	_____	_____	_____
Bladder/Kidney/Problem Or Injury	_____	_____	_____
Convulsions/Seizures	_____	_____	_____
Fainting Spells	_____	_____	_____
Diabetes	_____	_____	_____
Ear Problems/ Hearing Loss	_____	_____	_____
Eye Problems/ Vision Loss	_____	_____	_____
Injury to the Spleen	_____	_____	_____
Joint Sprain/Ligament	_____	_____	_____
Tear/Muscle Pull	_____	_____	_____
Elevated Blood Pressure	_____	_____	_____
Headaches	_____	_____	_____
Head Injury/Concussion/ Unconscious	_____	_____	_____
Heart Problem/Murmur/ Chest Pains	_____	_____	_____
Nose Bleeds/Frequent/ Severe	_____	_____	_____
Ankle Injury	_____	_____	_____
Back Pain/Injury	_____	_____	_____
Fracture-Dislocation Bones/Joints	_____	_____	_____
Knee Pain/Injury	_____	_____	_____
Neck Injury	_____	_____	_____
Nose Fracture	_____	_____	_____
Rheumatic Fever	_____	_____	_____
Stomach Ulcer	_____	_____	_____

(OVER)

History Continued

Does your child have any of the following:

If you answer yes to any questions please explain

	Yes	No
One Eye or Severe Uncorrectable Loss of Vision in one or both eyes _____	<input type="checkbox"/>	<input type="checkbox"/>
Severe Hearing Loss in both ears _____	<input type="checkbox"/>	<input type="checkbox"/>
One Kidney _____	<input type="checkbox"/>	<input type="checkbox"/>
One Testicle _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been ill for five (5) consecutive days? (In past 1 year) _____	<input type="checkbox"/>	<input type="checkbox"/>

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital, either as a patient overnight or in the emergency room or for x-rays, required an operation; caused your child to miss a game or practice?(In past 1 year) _____

Is your child under medical care now? _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your child taken any medication in the past year? _____	<input type="checkbox"/>	<input type="checkbox"/>
If so, why? _____		

Is your child taking any medication now? _____	<input type="checkbox"/>	<input type="checkbox"/>
If so, why? _____		

Has your child ever fainted or been dizzy during or after exercise? _____	<input type="checkbox"/>	<input type="checkbox"/>
If so, explain _____		
Has there ever been sudden death in a family member under fifty (50) years of age? _____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any worries about your child's health or other questions you would like to discuss with a doctor? _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have: Orthodontic Appliances? _____	<input type="checkbox"/>	<input type="checkbox"/>
Capped Teeth? _____	<input type="checkbox"/>	<input type="checkbox"/>

Wear contact lens for sports? _____	<input type="checkbox"/>	<input type="checkbox"/>
Wear glasses for sports? _____	<input type="checkbox"/>	<input type="checkbox"/>
Since your child's last physical examination has your child had any injury or medical illness? _____	<input type="checkbox"/>	<input type="checkbox"/>

Is your child able to run a half mile (2 times around the track) without stopping? _____	<input type="checkbox"/>	<input type="checkbox"/>
If not, please explain _____		

I agree with the above answers and consent to participation of my child in the interscholastic program of his/her school including practice sessions and travel to and from athletic contests.

I also agree to emergency medical treatment as deemed necessary by the physicians designated by school authorities.

PARENT SIGNATURE _____ **DATE** _____