



**HEALTH HISTORY QUESTIONNAIRE (Please Print)**

Date \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

THIS MEDICAL HISTORY AND EXAM IS ONLY INTENDED TO DETERMINE ABILITY TO PARTICIPATE IN SPORTS AND IS NOT A SUBSTITUTUE FOR REGULAR EXAMS BY YOUR PHYSICIAN.

Date of Tetanus Immunization (Required every 10 years) \_\_\_\_\_ Hepatitis B \_\_\_\_\_

**Have you ever had or do you have any of the following:**

<u>YES</u>	<u>NO</u>	
Y	N	1) Head injury, concussion, loss of memory, loss of consciousness during exercise
Y	N	2) Back or neck problems or curvature of the spine, corrective devices
Y	N	3) Broken bones, dislocation, or amputations, sprains, strains
Y	N	4) Problems with foot, knee or other joints, numbness or tingling in extremities
Y	N	5) Eye injury, eye surgery, eye disease
Y	N	6) Wear glasses, contacts, hearing aid, dentures or dental appliances (braces, retainer)
Y	N	7) Headaches-other than minor headaches
Y	N	8) Drug addiction, mental illness, nervous disorder
Y	N	9) Epilepsy, seizures, fainting, or dizzy spells
Y	N	10) Lung trouble, shortness of breath, asthma, allergies, inhaler, wheezing during exercise
Y	N	11) Heart trouble, rheumatic fever, High blood pressure, chest pain with exercise, heart murmur
Y	N	12) Anemia, leukemia or any blood disorder
Y	N	13) Diabetes, hypoglycemia, excessive thirst
Y	N	14) Hernia, kidney problem, testicle problem
Y	N	15) Enlarged spleen or liver or severe viral infection
Y	N	16) Surgery or hospitalization
Y	N	17) Family history of sudden death or heart-related death before age of 50
Y	N	18) Presently taking any medication, supplements, vitamins (list below)
Y	N	19) Allergic to medicine, foods, insect bites or stings, tape etc.
Y	N	20) Skin problems (rashes, hives, ringworm, fungus)
Y	N	21) Heat stroke, heat exhaustion, ill from exercise in the heat
Y	N	22) Do you have any ongoing medical problems or reasons you should not participate

Please Explain any Yes Answers:

**EMERGENCY INFORMATION:**

Person to contact if parents cannot be reached: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**PHYSICAL EXAM**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

<u>Normal</u>	<u>Abnormal</u>		<u>Normal</u>	<u>Abnormal</u>	
_____	_____	1) General Appearance	_____	_____	6) Cardiovascular
_____	_____	2) Eyes, Teeth, ENT	_____	_____	7) Abdomen
_____	_____	3) Neurological	_____	_____	8) Hernia/Genitalia
_____	_____	4) Lymph Nodes	_____	_____	9) Spine, neck, back
_____	_____	5) Respiratory	_____	_____	10) Musculo-skeletal
			_____	_____	11) Menses

Recommendation: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_ Fully Participate \_\_\_\_\_

\_\_\_\_\_ No Participation \_\_\_\_\_

\_\_\_\_\_ Able to participate with the following limitations: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

