



ATHLETIC HEALTH HISTORY

New York State law requires that each year, in order for a student to participate in athletic competition, an Athletic Health History Form must be completed and signed by a parent/guardian, and that a physical examination be done by a school doctor.

The school doctor will not perform the physical examination without this completed and signed Athletic Health History Form.

This Athletic Health History Form must be completed, signed by a parent/guardian and returned to the School Nurse.

NAME _____ BIRTH DATE _____

SCHOOL _____ GRADE _____ HOME ROOM _____

Please answer **all** questions.

Does your child have a history of:

	YES	NO		YES	NO
Allergies/Hayfever	___	___	Head injury/Loss of consciousness		
Bee sting allergy	___	___	Headaches	___	___
Anemia	___	___	Heart disease including	___	___
Arthritis	___	___	chest pain or murmurs	___	___
Asthma	___	___	Hernia	___	___
Back/Neck injury	___	___	Injury to: Bones	___	___
Bladder/Kidney disease	___	___	Joints	___	___
Bleeding (incl. Nose bleeds)	___	___	Muscle	___	___
Blood Pressure changes	___	___	Spleen	___	___
Cancer/Leukemia	___	___	Lung disease	___	___
Convulsions/Seizures	___	___	Missing Kidney	___	___
Depression	___	___	Missing Testicle	___	___
Diabetes	___	___	Rheumatic Fever	___	___
Ear problems/Hearing Loss	___	___	Surgery	___	___
Eye problems/Vision loss	___	___	Shortness of breath during exercise	___	___
Fainting episode	___	___	Other: Explain below	___	___

Please give details and dates to any questions to which you answered **YES** _____

Has your child ever had an illness, accident, injury or condition that required him/her to be seen in an emergency room?

YES ___ NO ___

If YES please give details and dates _____
