

HUNTINGTON SCHOOLS INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

TO BE COMPLETED BY THE PARENT OR GUARDIAN AND BE RETURNED TO HEALTH OFFICE

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical exam within 30 days of the start of the season. Answering "Yes" to any of these questions does not mean automatic disqualification from the athletic activity.

Student: _____ Sport: _____

Grade: 7 8 9 10 11 12

HISTORY SINCE LAST HEALTH APPRAISAL:

- | | | |
|--|------------------------------|-----------------------------|
| Allergies (Bee Sting/Medications/Food/Latex, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student carry an Epi-pen® for a life-threatening allergy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student carry an inhaler? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Concussion/Head injury/Seizures History | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent injury that requires medical attention or protective equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent illness lasting longer than one week (ie. Mono) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Currently taking medications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes/Hypoglycemia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart/Blood Pressure Problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heat Exhaustion or Stroke | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing Impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bleeding Tendency/Anemia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent Surgery, ER visit, or Hospitalization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kidney/Liver Disease or Significant Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any medical condition that might be aggravated by playing sports? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe the condition or situation that caused any questions to be answered "YES".

PARENT/GUARDIAN PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the listed athletic team. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: ____/____/____

If you give your permission for your child to be examined by the school physician, sign below.

SIGNED: _____ DATE: ____/____/____