

SPORTS PARTICIPATION HEALTH RECORD AND PARENT PERMISSION

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

A YEARLY PHYSICAL IS REQUIRED

Name _____ Sport _____

Please check YES or NO, if YES, explain in space at the lower portion of this page.

- | | YES | NO |
|---|-------|-------|
| 1. Have you had a medical illness or injury since your last physical? | _____ | _____ |
| 2. Do you have an ongoing or chronic illness (Asthma, Diabetes, Epilepsy, Arthritis, Hemophilia or any disability)? | _____ | _____ |
| 3. Do you have any known allergies? | _____ | _____ |
| 4. Do you carry an EpiPen? Use inhaler? (Circle) | _____ | _____ |
| 5. Have you ever had a head injury/concussion or been unconscious? | _____ | _____ |
| 6. Do you wear glasses/contact lenses during play? | _____ | _____ |
| 7. Have you ever had a serious eye injury? | _____ | _____ |
| 8. Do you have false teeth/wear braces/ or need a mouth guard? | _____ | _____ |
| 9. Do you have high blood pressure, heart problems? | _____ | _____ |
| 10. Do you have a family member who had a heart attack under age 50? | _____ | _____ |
| 11. Is there any history of sudden death in your family? | _____ | _____ |
| 12. Do you have only one kidney, have a kidney disease, liver disease, or ever had a spleen injury? | _____ | _____ |
| 13. Do you have frequent or severe headaches? | _____ | _____ |
| 14. Do you have a hearing loss or impairment in one or both ears or had an ear injury or surgery. | _____ | _____ |
| 15. Have you ever had "mono" (mononucleosis)? Year _____ | _____ | _____ |
| 16. Have you ever had back pain/pinched nerves or a neck or spine injury? | _____ | _____ |
| 17. Have you ever had ankle, foot or knee problems including sprains or had shin splints, fractures, dislocations, or joint problems? | _____ | _____ |
| 18. Is a M.D. presently treating you? For? _____ | _____ | _____ |
| 19. Have you ever been hospitalized? Operations? _____ | _____ | _____ |
| 20. Are you currently on any long-term medication? | _____ | _____ |
| 21. Do you have any health problem or limitation, which might jeopardize your participation in interscholastic sports? | _____ | _____ |

ANY YES ANSWERS, EXPLAIN HERE: _____

Signature of Parent/Guardian: _____ Date: _____

* If the physical becomes due mid season, it is the student's/parent's responsibility to get the New Sport Physical to the coach. If this is not done they will no longer be able to participate

THIS FORM MUST BE COMPLETED FOR EACH INDIVIDUAL SPORT