## INTERSCHOLASTIC SPORTS HEALTH ASSESSMENT RECORD

Must be completed and returned to school before student may practice or play sport. If you cannot, for economic or other important reasons obtain an examination for your child by your own physician, the school doctor will do the examination upon written request to the registered nurse at your child' school. This history must be filled out by parent or guardian before student is seen by physician. Student is to take it to doctor or nurse. NOTE: **All sport physicals are valid for a period of 13 months.** 

Name		School	Date of
Birth//			
Address			Phone
Grade	_ Age	Sport	,
Spring		Fall	Winter
STUDENTS FAMILY I cause of death.)	HISTORY (If livin	g, state name and present	health; if deceased, give
Father			
Brothers		Sisters	
ANY FAMILY HISTOI	RY OF: Diabetes? Disease?	H Seizures?	igh Blood Pressure?
RECORD OF ILLNESS	(Check the diseas	es the student has had; given	ve date or age)
Chickenpox	Po	oliomyelitis	Eczema
Measles	Rh	eumatic Fever	Kidney Disease
German Measles Disease		neumonia	Joint
Mum Disease		eningitis	Heart
Scarlet Fever	Tuberculos	iis	Epilepsy

Whooping Cough Ast	hma	Hernia
Has student had any operations? Where?		
Does Student take any medicine		
Has student any allergies? Yes	No	
To What?		
HAS STUDENT HAD:		
Irregular Pulse Injury	Enlarged Spleen	Eye or Retinal
Heart Disease	Ulcers	Single Eye
High Blood Pressure Se		_
Collapsed Lung	Jaundice	Thyroid Disease
Asthma Diabetes	Kidney Disease	
Tuberculosis	Single Testicle	Heat
Head InjuryInjuries	Shoulder Separation_	Back
Neck Injury	Knee Injury	Fractures
Shoulder Dislocation Injury		
Continued on other side		

DO ANY OF THE FOLLOWING OCCUR? (Answer Yes or No)

I/We acknowledge that	t I/We have read and unde	erstand this warning.	
I/We give our permiss organized middle/high injury which is inherenthe most advanced pro	ion for school athletics, realizing at in all sports. I/We acknow tective equipment and stricasions these injuries can lead to the content of the co	that such activity involves to whedge that even with the best observance of rules, injurities to severe as to result in to	o participate in he potential for est coaching, use of es are still a
Other			
Sore Throat Pains	Impaired Hearing Backache	Leg	
Night Sweats Diarrhea		Painful Joints	
Shortness of Breath _ Constipation	_	Menstrual Disord	ers
Prolonged Cough Headache	Recurrent Bedwetting	Vomiting	
	Blurred Vision Jaundice		
Frequent Colds Pain	Sues		Audommai