



Charter School for Applied Technologies

Health History

Name of Student _____ Age _____ Date of Birth _____

Sport _____ School _____ Gender _____ Grade _____

*** For the students completing a sport physical:**

The Health History and Health Appraisal must be completed within 12 months **BEFORE** sports participation and tryouts.

(The Health History must be completed before the student has his/her physical).

Students **MUST** pick up and return **ALL** forms to the Health Office.

DO NOT TURN INTO THE COACH.

Part A – Health History: To be completed by Parent/Guardian.

Has your child ever had, or currently has, any of the following: (please check) *Fill in below if YES.

	Yes	No	Date
1. Elevated blood pressure			_____
2. Heart Problem/Murmur/chest pains			_____
3. Allergies/hay fever (type) _____			_____
4. Insect sting allergy (type) _____			_____
5. Asthma			_____
6. Diabetes/hypoglycemia			_____
7. Injury to spleen			_____
8. Heat exhaustion/stroke, other			_____
9. Joint sprains/ligament tear, muscle			_____

	Yes	No	Date
1. Within the <u>last 12 months</u> has your child had an illness that:			
a. required hospitalization?			_____
b. lasted longer than a week?			_____
c. caused missing 5 days of practice or competition?			_____
d. required surgery for (explain) _____			_____
2. Within the last 12 months has your child had an injury that:			
a. required going to the emergency room or to see a doctor?			_____
b. required hospitalization?			_____
c. required x-rays?			_____
d. caused missing 5 days of practice?			_____

	Yes	No	Date
10. Back problem			_____
11. Knee problem			_____
12. Ankle problem			_____
13. Headaches/dizziness			_____
14. Head injury/concussion			_____
15. Loss of consciousness due to injury			_____
16. Neck injury			_____
17. Convulsions/seizures			_____
18. Hernia			_____

	Yes	No	Date
3. Does your child take <u>any</u> medication now? (list) _____			_____
Any long term medications? (list) _____			_____
4. Does your child wear (circle which) a. glasses/contacts _____ b. dental bridges, plates/braces, special pads, protective equipment _____			_____
5. Is your child missing one of any paired organs? (circle one) eye, kidney, testicle, ovary _____			_____
6. Has there ever been sudden death in the family of a person under 50 yrs of age? (explain) _____			_____
7. FOR WOMEN: Fill in the following a. Age at first menstrual period _____ b. How often period occurs _____ c. When was last period? _____			_____

***YES ANSWERS MUST PROVIDE EXPLANATION FOR APPROVAL TO PARTICIPATE.** (Explain) _____

AFFIRMATION: I affirm that the preceding statements are true and correct, and I consent to the participation of my child in the interscholastic program of his/her school, including practice sessions and travel to-and-from the athletic contests; I agree to emergency medical treatment for my child, as deemed necessary by the physician designated by school authorities; I give my permission for the school nurse to share any pertinent health information regarding my child with school and emergency personnel on a need-to-know basis. Signature implies consent for school physical if needed.

Signature of Parent/Guardian: _____ Date: _____

Emergency Telephone: _____ Cell Phone: _____

Home Address: _____ Work Phone: _____

Private Physician: _____ Private Physician Telephone: _____