

Parents, Please Complete and Return to the School Health Office

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION
WELLS CENTRAL SCHOOL DISTRICT**

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 examination within 30 days of the start of the season.

Name: _____ Age: _____

Grade Level: (Please Circle) 7 8 9 10 11 12 Date of Birth: ____/____/____

Sport: _____ Level (Circle) Varsity Modified

Date of Last Health Physical: ____/____/____ Limitations: ()Yes ()No

TO BE COMPLETED BY THE PARENT OR GUARDIAN

NOTE: If you answer "YES" to any of the following questions please explain on the back of this paper.

HISTORY SINCE LAST HEALTH APPRAISAL:	YES	NO
Allergies (Bee Stings/Medications/Food/Latex *If "YES" Dose student carry an Epi-pen for a life-threatening allergy?		
Asthma * Does the student carry an inhaler		
Concussion / Head injury/ Seizures		
Recent injury that required medical attention or protective equipment?		
Recent illness lasting longer than one week. (ie. Mono)		
Currently taking medications		
Diabetes/Hypoglycemia		
Heat Exhaustion or Stroke		
Hearing Impaired		
Bleeding Tendency/Anemia		
Recent Surgery or Hospitalization		
Kidney/Liver Disease		
Contact Lenses		
Is there any medical condition that might be aggravated by playing sports?		

Family History

Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		

***** If you answered YES to any of the questions above please explain on the back of the Sheet*****

Parents Signature: _____

Date: _____

Describe the condition or situation that caused any question answered, "YES"
