

ALBERTUS MAGNUS HIGH SCHOOL

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

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.

PART A: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Student: _____ Age: _____

Grade (check): 7 8 9 10 11 12 Date of Birth: ____ / ____ / ____

Sport: _____

DATE OF LAST HEALTH APPRAISAL: ____ / ____ / ____ Limitations: Yes No

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Note: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it will require a review and approval by the school nurse before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office, and will be shared only with the coach as necessary.

HISTORY SINCE LAST HEALTH APPRAISAL:

If the answer to any of the following questions is "YES", please describe the condition or situation that prompted your answer in Part C below – use reverse side of this form for additional information.

1. Any injuries, including head injuries, requiring medical attention? Yes No
2. Any illness lasting more than five (5) days? Yes No
3. Taking medicine or under physician's care at this time: Yes No
4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? Yes No
5. Change in wearing glasses or contact lenses? Yes No
6. Any surgical operations or fractures? Yes No
7. Any treatment in a hospital or emergency room? Yes No
8. Developed any allergies? Yes No
9. Any chronic disease? Yes No

PART C: _____

Parent Signature

Date