

Health History Update Questionnaire: Short form

To participate on a school-sponsored interscholastic or intermural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

NAME:	Grade:	Date of Last Sports Physical:
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Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised/recommend not to participate in a sport by a practitioner?	No	Yes
If yes explain in detail:		
2. Sustained a concussion, been unconscious or lost memory from a blow to the head?	No	Yes
If yes explain in detail:		
3. Broken a bone/fractured, sprained/strained or dislocated muscles or joints?	No	Yes
List injury/trauma & date:		
4. Fainted or blacked out?	No	Yes
If yes, was this during or immediately after exercise?		
5. Experienced chest pains, shortness of breath or heart racing?	No	Yes
If yes, explain in detail:		
6. Has there been a recent history of fatigue and unusual tiredness?	No	Yes
If yes, explain in detail:		
7. Been hospitalized, had significant medical illness/surgery or emergency room visit?	No	Yes
List date/reason:		
8. Since the last physical exam, has there been a sudden death in the family , or had any member of the family under the age of 50 had a heart attack or "heart trouble"?	No	Yes
If yes, explain in detail:		
9. Started or stopped taking any "over the counter" or prescribed medications?	No	Yes
Medication:	Dosage:	Rationale:
Medication:	Dosage:	Rationale:
10. Developed a food, drug or environmental allergy	No	Yes
Describe:		
11. Has a prescribed Epinephrine Auto- Injector	No	Yes
12. Has prescribed asthma medication(s)	No	Yes
Medication:		

It is your parental responsibility to make sure that your child has their asthma (rescue) inhaler and epinephrine auto-injector with them for all try-outs, practices and games/meets. You must complete the parent medication permission form, and bring in two inhalers and/or two auto-injectors, one each for the nurse and coach.

I attest that all of the above information is correct and I still agree and will abide by the policies that I signed for in the original sports participation packet.

Parent Signature: _____ Date: _____

All items negative/ School Nurse approved:	
School MD:	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved <input type="checkbox"/> More information needed
School Physician signature:	