

STUDENT HEALTH ASSESSMENT FORM (REQUIRED)

Name		Grade (As of Next Sport Season)		
Address		Sex	Age	Date of Birth
		Home Phone		
IN CASE OF EMERGENCY, CONTACT:				
Name:		Relationship:		Home Phone:
Work Phone:		Cell Phone:		Beeper:
Physician Name:		Address:		Phone:

PLEASE EXPLAIN ALL "YES" ANSWERS ON A SEPARATE PIECE OF PAPER

	YES	NO		YES	NO
1. Have you had an illness or injury since your last physical?			27. Have you ever had heat cramps, heat exhaustion or heat stroke?		
2. Have you ever been hospitalized overnight?			28. Do you cough, wheeze or have trouble breathing during or after activity?		
3. Have you ever had surgery?			29. Do you have asthma or lung disease?		
4. Have you ever taken any supplements or vitamins to help you improve your performance?			30. Do you have seasonal allergies that require medical treatment?		
5. Are you currently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler?			31. Do you use any special protective or corrective equipment/devices that aren't usually used for your sport or position (ex. knee brace, foot orthotics, retainer on your teeth, hearing aid)?		
6. Do you have any allergies?			32. Have you ever had any problem with your ears or hearing?		
7. Have you ever had a rash or hives develop during or after exercise?			33. Do you wear glasses, contacts or protective eyewear?		
8. Have you ever been dizzy or passed out during or after exercise?			34. Do you have any other problem with your eyes or vision?		
9. Have you ever had chest pain during or after exercise?			35. Have you had dental health problems, or loss of tooth enamel?		
10. Have you ever had high blood sugar (diabetes)?			36. Have you broken or fractured any bones or dislocated any joints, or been diagnosed with a stress fracture?		
11. Do you tire more easily than you feel you should?			37. Have you experienced abdominal discomfort, constipation, diarrhea and/or bloating?		
12. Have you ever been diagnosed with anemia?			38. Do you lose weight regularly to meet weight requirements for your sport?		
13. Have you ever had racing of your heart or skipped heartbeats?			39. Has there been any unexplained weight loss or weight gain during the past six months?		
14. Have you had high blood pressure?			40. Are you uncomfortable with your body weight?		
15. Have you ever been told you have a heart murmur?			41. Are you currently following any particular diet or weight reducing plan?		
16. Before the age of 50 has any family member or relative died of heart problems or of sudden death?			42. Do you diet frequently?		
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?			43. Do you avoid eating certain food groups?		
18. Has a physician ever denied or restricted your participation in sports for any heart problems?			44. Have you ever tried to control weight by vomiting, using laxatives, diuretics or diet pills?		
19. Have you ever been diagnosed with blood or bleeding disorders?			45. Do you have a history of eating disorders?		
20. Do you have one kidney or one testicle?			FEMALES ONLY		
21. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?			46. Have you started a menstrual period? Date Started: _____ (this information is for Special Classification purposes)		
22. Have you ever had a head injury or a concussion?			47. Has there been a recent change in menstrual patterns?		
23. Have you ever been knocked out, become unconscious, or lost your memory?			ADDITIONAL COMMENTS:		
24. Have you ever had a seizure or convulsion?					
25. Do you have frequent or severe headaches?					
26. Have you ever had numbness or tingling in your arms, hands, legs or feet from a stinger, burner, pinched nerve or other condition?					

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I also understand that all health information may be shared with necessary staff.

Student's Signature _____ Parent/Guardian Signature _____