

APW ATHLETIC DEPARTMENT HEALTH REPORT

This health history is needed for interscholastic sports only.

NAME _____ GRADE _____ DATE _____ SPORT _____

HEALTH HISTORY (completed before each sports season):

	YES	NO
1. Are you currently under medical care for any condition?	___	___
2. Have you had any illnesses lasting more than a week?	___	___
3. Have you had any injuries in the past year?	___	___
4. Have you had any operations or been hospitalized overnight?	___	___
5. Are you taking any medication now or will any be needed during sports season? _____	___	___
6. Do you have any allergies (bees, food etc...?) If yes, allergy & reaction _____	___	___
7. Have you ever passed out for any reason? If yes, explain _____	___	___
8. Has there ever been a sudden death in a family member?	___	___

HAS YOUR CHILD EVER HAD?

	YES	NO		YES	NO
Asthma	___	___	Eye problem/vision loss	___	___
Diabetes	___	___	Ear problem/hearing loss	___	___
Tuberculosis	___	___	Bladder/kidney problem	___	___
Convulsions/seizures	___	___	Head injury/ Concussion	___	___
Hernia	___	___	Fracture/dislocation	___	___
Bleeding tendencies	___	___	Joint/Muscle/Ligament injury	___	___
Jaundice	___	___	previous surgery	___	___
Elevated Blood Pressure	___	___	serious injury	___	___
Heart problem/murmur	___	___	other _____		

If you answered yes to any of the above, please explain here _____

Yes answers do not necessarily disqualify you, but they may be reviewed by the school doctor.

We understand and realize that the above questions are asked in order to determine if our child is in physical condition to participate in athletic activity. The answers are correct as of this date.

Student signature Date

Parent signature Date