SPORTS CANDIDATES QUESTIONNAIRE AND HEALTH HISTORY

***Parent/Guardian must complete this form and submit it to the student's current Health Office.**
*** A copy of student's physical (within 12 months of 1st practice date) must provided or already on file.**

Part A: Please print	**For Health Office use only:**
Student's Name:_____	Med OK_____ Mat_____ APP_____
Grade:_____ Age:_____ Date of Birth:_____	Limitations:_____
SPORT:_____	Needs_____
Varsity ☐ Jr. Varsity ☐ Modified ☐	Date of last physical_____

Part B: HEALTH HISTORY TO BE COMPLETED BY PARENT/GUARDIAN IN INK.

Has your child ever had: (please check)	**Yes**	**No**
Allergies-food, drug, other	☐	☐
-requires Epi-Pen or Benadryl	☐	☐
Asthma	☐	☐
-requires inhaler for school/sports	☐	☐
Anemia	☐	☐
Bladder/Kidney problem	☐	☐
Single Kidney	☐	☐
Diabetes	☐	☐
Ear Problems/Hearing loss	☐	☐
Eye Problems/Vision loss	☐	☐
-one eye	☐	☐
-contacts/glasses	☐	☐
Stomach/Intestinal problems	☐	☐
Dental Problems/Orthodontics	☐	☐
High Blood Pressure	☐	☐
Chest Pain	☐	☐
Headaches	☐	☐
Seizures	☐	☐
Fainting Episodes	☐	☐
- after exercise	☐	☐
Head Injury/ Concussion	☐	☐
-if yes, how many? _____		

	Yes	**No**
Heart Problems	☐	☐
Family History of Sudden Death < 50 years of age	☐	☐
Joint/Ligament/Muscle Injury	☐	☐
Fracture/Dislocation Bone or Joint	☐	☐
Arthritis	☐	☐
Neck Injury	☐	☐
Back Pain/Injury	☐	☐
Nose Bleeds-Frequent	☐	☐
Recent Weight Gain/Loss	☐	☐
Eating Disorder	☐	☐
Under medical care now?	☐	☐
On any medication now?	☐	☐
Taken prescription medication in the past year?	☐	☐
Treated in hospital or ER in past year?	☐	☐
Had prolonged illness in past year?	☐	☐
FEMALES ONLY:		
Missed 3 or more menstrual periods in row	☐	☐
MALES ONLY:		
Hernia/Varicocele	☐	☐
Single Testicle	☐	☐

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN & ADD DATES:

_____

_____

_____

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I agree with the above answers and consent to participation of my child in the interscholastic program of Starpoint including practice sessions and travel to and from athletic contests. I also agree to emergency medical treatment as deemed necessary by the physicians designated by school authorities.

_____ _____
Parent/Guardian Signature Date

High School Nurse's Fax 210-2361 Middle School Nurse's Fax 210-2231

_____ _____
School MD Sig. Date