Notre Dame Jr / Sr High School
Pre-Participation/Interval Sports Health History

Name_____________________________________________ Age_______ Grade________ M/F_______
Sport_____________________________________________ Date_______________________

The Health History must be completed by a parent BEFORE sports participation and try outs for each sports season.

1. Did your child ever have an illness that:
   A. Required him/her to stay in the hospital? ______ YES ______ NO
   B. Lasted longer than a week? ______ YES ______ NO
   C. Caused him/her to miss 3 days of practice or a competition? ______ YES ______ NO
   D. Is related to allergies (ie: hay fever, hives, asthma, insect stings) ______ YES ______ NO
   E. Required an operation? ______ YES ______ NO
   F. Is chronic? (ie: asthma, diabetes, etc) ______ YES ______ NO

2. Has your child ever had an injury that:
   A. Required him/her to go to an emergency room or to see a doctor? ______ YES ______ NO
   B. Required him/her to stay in the hospital? ______ YES ______ NO
   C. Caused him/her to miss 3 days of practice or a competition? ______ YES ______ NO
   D. Required an operation? ______ YES ______ NO

3. Does your child take any medication or pills? ______ YES ______ NO

4. Have any family members under age 50 had a heart attack, heart problem or died unexpectedly? ______ YES ______ NO

5. Has your child ever had a heart murmur, high blood pressure or heart abnormality? ______ YES ______ NO

6. Has your child ever complained of chest pain, tightness or pressure during or after practice? ______ YES ______ NO

7. Has your child ever complained of fluttering in their chest, skipped beats, or their heart racing? ______ YES ______ NO

8. Has your child been told she/he has a heart condition or problem? ______ YES ______ NO

9. Has your child ever been dizzy or passed out during exercise? ______ YES ______ NO

10. Is your child able to run ½ mile (2x around the track) without stopping ______ YES ______ NO

11. Has your child ever had heat exhaustion, heat stroke, or other heat related problems? ______ YES ______ NO

12. Has your child ever been unconscious or had a concussion? ______ YES ______ NO

13. Does your child have:
   A. frequent headaches? ______ YES ______ NO
   B. wear glasses or contacts? ______ YES ______ NO
   C. wear dental bridges, plates, or braces, special pads or protective equipment? ______ YES ______ NO

14. Does your child have any allergies to any Medicine? Food? Environment? ______ YES ______ NO

15. Is your child missing one of any paired organ? (eye, kidney, etc.) ______ YES ______ NO

16. Does your child have problems with anxiety or depression? ______ YES ______ NO

17. Is your child currently having physical therapy, chiropractic or other therapy? ______ YES ______ NO

Are there any changes in your child’s health since their last physical exam? __________________________________________________________
________________________________________________________________________________________

Please explain any “yes” answers on the back of this form.

Parental Permission: I, the undersigned, clearly understand these questions are asked in order to decide in my child can safely participate on an athletic team. The answers are correct as of this date and he/she has my permission to participate. I also give permission to the health office to disclose pertinent health information to the athletic department.

Signature of Parent: _________________________________________________________ Date: ________________