

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.*

	YES	NO		YES	NO
1. Did your child ever have an illness that:			8. Has your child been told she/he has a heart condition or problem?		
A. Required him/her to stay in the hospital?	___	___		___	___
B. Lasted longer than a week?	___	___	9. Has your child ever been dizzy or passed out during exercise?	___	___
C. Caused him/her to miss 3 days of practice or a competition?	___	___		___	___
E. Is related to allergies (ie: hay fever, hives, asthma, insect stings)?	___	___	10. Is your child able to run ½ mile (2x around the track) without stopping?	___	___
F. Required an operation?	___	___		___	___
G. Is chronic? (ie: asthma, diabetes, etc)	___	___	11. Has your child ever had heat exhaustion, heat stroke, or other heat related problems?	___	___
2. Has your child ever had an injury that:			12. Has your child ever been unconscious or had a concussion?	___	___
A. Required him/her to go to an emergency room or to see a doctor?	___	___		___	___
B. Required him/her to stay in the hospital?	___	___	13. Does your child have:		
C. Caused him/her to miss 3 days of practice or a competition?	___	___	A. frequent headaches?	___	___
D. Required an operation?	___	___	B. wear glasses or contacts?	___	___
3. Does your child take any medication or pills?	___	___	C. wear dental bridges, plates, or braces, special pads or protective equipment?	___	___
4. Have any family members under age 50 had a heart attack, heart problem or died unexpectedly?	___	___	14. Does your child have any allergies to any Medicine? Food? Environment?	___	___
5. Has your child ever had a heart murmur, high blood pressure or heart abnormality?	___	___	15. Is your child missing one of any paired organ? (eye, kidney, etc.)	___	___
6. Has your child ever complained of chest pain tightness or pressure during or after practice?	___	___	16. Does your child have problems with anxiety or depression?	___	___
7. Has your child ever complained of fluttering in their chest, skipped beats, or their heart racing?	___	___	17. Is your child currently having physical therapy, chiropractic or other therapy?	___	___

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:** _____