

PARISH HILL MIDDLE/HIGH SCHOOL
 304 Parish Hill Road
 Chaplin, Connecticut 06235
SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation; it should not be used as a substitute for regular health maintenance examination.

NAME _____ AGE _____ (YRS) GRADE _____ DATE _____
 ADDRESS _____ PHONE _____
 SPORTS _____

The Health History (Part A) and Physical Examination (Part C) sections must both be completed every **12 months** before sports participation. The Interim Health History (Part B) needs to be completed **annually**.

PART A – HEALTH HISTORY

To be completed by athlete and parent

- | | | |
|--|-------|-------|
| 1. Have you ever had an illness that: | YES | NO |
| a. required you to stay in the hospital? | _____ | _____ |
| b. lasted longer than a week? | _____ | _____ |
| c. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| d. is related to allergies? (i.e.: hay fever, hives, asthma, insect stings) | _____ | _____ |
| e. required an operation? | _____ | _____ |
| f. is chronic? (i.e. asthma, diabetes, etc.) | _____ | _____ |
| 2. Have you ever had an injury that: | | |
| a. required you to go to an emergency room or see a doctor? | _____ | _____ |
| b. required you to stay in the hospital? | _____ | _____ |
| c. required x-rays? | _____ | _____ |
| d. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| e. required an operation? | _____ | _____ |
| 3. Do you take any medication or pills? | _____ | _____ |
| 4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? | _____ | _____ |
| 5. Have you ever: | | |
| a. been dizzy or passed out during or after exercise? | _____ | _____ |
| b. been unconscious or had a concussion? | _____ | _____ |
| 6. Are you unable to run 1/2 mile (twice around the track) without stopping? | _____ | _____ |
| 7. Do you: | | |
| a. wear glasses or contacts? | _____ | _____ |
| b. wear dental bridges, plates or braces? | _____ | _____ |
| 8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality? | _____ | _____ |
| 9. Do you have any allergies to any medication? | _____ | _____ |
| 10. Are you missing a kidney? | _____ | _____ |
| 11. When was your last tetanus booster? | _____ | _____ |
| 12. For Women | | |
| a. At what age did you experience your first menstrual period? | _____ | |
| b. In the last year, what is the longest time you have gone between periods? | _____ | |

PART B – INTERIM HEALTH HISTORY

This form should be used during the interval between preparticipation evaluations. Positive responses should prompt a medical evaluation.

- Over the next **12 months** I wish to participate in the following sports:
 - _____
 - _____
 - _____
 - _____
- Have you missed more than 3 consecutive days of participation usual activities because of an injury this past year?
 YES _____ NO _____
 If yes, please indicate:
 - Site of injury _____
 - Type of injury _____
- Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not been resolved in this past year?
 YES _____ NO _____
 If yes, please indicate:
 Type if illness _____
- Have you had a seizure, concussion or been unconscious for any reason I the last year?
 YES _____ NO _____
- Have you had surgery or been hospitalized in this past year?
 YES _____ NO _____
 If yes, please indicate:
 - Reason for hospitalization _____
 - Type of surgery _____
- List all medications you are presently taking and what condition the medication is for:
 - _____
 - _____
 - _____
- Are you worried about any problem or condition at this time?
 YES _____ NO _____
 If yes, please explain: _____

EXPLAIN AND "YES" ANSWERS _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.
SIGNATURE _____
DATE _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.
SIGNATURE _____
DATE _____

PART C – PHYSICAL EXAMINATION RECORD

NAME _____ D.O.B. _____ AGE _____ DATE _____

Height _____ Vision: R _____ / _____ corrected _____ uncorrected _____

Weight _____ Vision: L _____ / _____ corrected _____ uncorrected _____

Pulse _____ Blood Pressure _____ Percent Body Fat (optional) _____

	<u>Normal</u>	<u>Abnormal Findings</u>	<u>Initials</u>
1. Eyes			
2. Ears, Nose and Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Genitalia – Hernia (male)			
10. Musculoskeletal: ROM, strength			
a. neck			
b. spine			
c. shoulders			
d. arms / hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			
12. Physical Maturity (Tanner Stages)		1. 2. 3. 4. 5.	

COMMENTS regarding abnormal findings: _____

PARTICIPATION RECOMMENDATIONS:

1. No participation in _____
2. Limited participation in _____
3. Requires _____
4. Full participation in _____

Physician's Signature _____

Address _____ **Phone Number** _____

PLEASE COMPLETE BOTH SIDES OF FORM AND SIGN – THANK YOU