

Name _____ Grade _____

Sport _____ Date of Sport Physical _____

EACH STUDENT WHOSE MEDICAL EXAMINATION WAS COMPLETED MORE THAN 60 DAYS PRIOR TO THE FIRST PRACTICE SESSION SHALL PROVIDE A HEALTH HISTORY UPDATE OF MEDICAL PROBLEMS EXPERIENCED SINCE THE LAST MEDICAL EXAMINATION. THIS SHALL BE COMPLETED AND SIGNED BY THE PARENT/GUARDIAN.

HEALTH HISTORY UPDATE OF MEDICAL PROBLEMS SINCE THE LAST MEDICAL EXAMINATION. IF YOU ANSWER YES, TO #I PLEASE EXPLAIN AND PROVIDE PHYSICIAN'S CLEARANCE. IF YOU ANSWER NO TO #I JUST NEEDS PARENT & STUDENT SIGNATURES.

___ NO ___ YES I. Has your medical history **changed** since your last sport? If yes, explain:

___ NO ___ YES II. HOSPITALIZATIONS/OPERATIONS: If yes, explain: _____

___ NO ___ YES III. ILLNESSES: If yes, explain: _____

___ NO ___ YES IV. INJURIES: If yes, explain: _____

___ NO ___ YES V. CARE ADMINISTERED BY A PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN'S ASSISTANT: If yes, explain: _____

___ NO ___ YES VI. MEDICATIONS: If yes, explain (if child uses asthma inhaler, epipen,etc. self Medication forms MUST be filed out by the child's physician): _____

Signature of Parent/Guardian

Signature of Athlete

Date

Date

IF AN ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, FURTHER CLEARANCE FROM THE TREATING PHYSICIAN WILL BE NEEDED BEFORE THE STUDENT WILL BE ELIGIBLE TO PARTICIPATE IN THE SPORT.

.....

_____ is certified by me to participate in _____
(Student's Name) (sport)

Physician's Signature Date: _____

Physician's Name (**printed**): _____

Physician's Address: _____

Phone Number: _____ Fax Number: _____