Archbishop Walsh Academy
Athletic Health History

Name:_____ Birth Date:_____

Participation in athletics is voluntary and is not a required part of the regular physical education program.

Family Physician:_____ Home Phone:_____

Grade:____ Date:_____

SPORTS ACTIVITIES:

Identify any sports in which you **do not** wish your child to participate:

_____
_____

This form must be completed and returned to the Medical Office

Health History
(To be completed by parent)

Has your child ever had (please check)

Allergies/Hay Fever	__Y__N	Elevated Blood Pressure	__Y__N
Bee Sting	__Y__N	Headache	__Y__N
Asthma	__Y__N	Head Injury/Concussion	__Y__N
Anemia	__Y__N	Heart Problem/murmur-chest pain	__Y__N
Arthritis	__Y__N	Nose Bleeds/Frequent or Severe	__Y__N
Bladder/Kidney Problem	__Y__N	Ankle Injury	__Y__N
Convulsions/Seizures	__Y__N	Back Pain/Injury	__Y__N
Fainting Spells	__Y__N	Fracture-Dislocation Bones/Joints	__Y__N
Diabetes	__Y__N	Knee Pain/Injury	__Y__N
Ear Problems/Hearing Loss	__Y__N	Neck Injury	__Y__N
Eye Problems/Vision Loss	__Y__N	Nose Fracture	__Y__N
Injury to Spleen	__Y__N	Rheumatic Fever	__Y__N
Joint Pain/Ligament/Muscle	__Y__N	Stomach Ulcer	__Y__N

Is there a current medical examination on file in the nurse's office? __Y__N
Is your child assigned to the Adaptive PE Program or has he/she been in an Adaptive PE program? __Y__N
Has your child been unconscious or lost memory from a blow to the head? __Y__N

Please explain any questions answered yes above:

_____
_____
_____
_____

History continued

Does your child have any of the following:

One eye or severe Uncorrectable Loss of Vision in one or both eyes_____ __Y__N
Severe Hearing loss in both ears_____ __Y__N
One Kidney_____ __Y__N
One Testicle_____ __Y__N
Has your child been sick for 5 consecutive days_____ __Y__N
_____

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital,
Either as a patient overnight or in the emergency room or for x-rays, required an operation,
caused your child to miss a game? _____ __Y__N
_____

Is your child under medical care now?_____ __Y__N
Has your child taken any medication in the last year?_____ __Y__N
If so why?_____
_____

Has your child ever fainted during exercise?_____ __Y__N
If so explain why?_____
_____

Hs there ever been a sudden death of a family member under fifty (50) years of age?_____ __Y__N
_____

Do you have any worries about your child's health or questions you would like to discuss with the
Doctor?_____ __Y__N
Does your child have orthodontic appliances?_____ __Y__N
Capped Teeth_____ __Y__N
Wear contact lenses for sports?_____ __Y__N
Wear glasses for sports?_____ __Y__N
Since your child's last physical examination has your child had any injury or medical illness?_____ __Y__N
_____

I agree with the above answers and consent to participation of my child in the interscholastic program of Archbishop Walsh 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 Signature:_____ Date:_____