INTERVAL HEALTH HISTORY
FOR SPORTS PARTICIPATION
ARCHBISHOP WALSH ACADEMY

USE PEN ONLY **DATE_____**

Prior to the start of tryout session or practice at the beginning of each season a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

Student Name:_____ Grade: ____ Date of Birth:_____

Sport: _____ Level (check): Var ____ JV ____ Mod ____

TO BE COMPLETED BY THE PARENT OR GUARDIAN:
Note: The answers to the questions on this form will be held in the Medical Office and will be kept confidential.
SINCE LAST HEALTH EXAM: DATE OF EXAM: ___/____/____

1. Any illness or injury requiring medical attention? ____Y____N
2. Taking medicine or under physicians care at this time? ____Y____N
3. Any feeling of faintness, dizziness or fatigue after exercise? ____Y ___N
4. Change in wearing glasses or contact lens? ____Y____N
5. Developed any allergies? ____Y____N
6. Any chronic disease? ____Y____N

IF YES TO ANY OF THE ABOVE PLEASE EXPLAIN BELOW:

PARENTAL PERMISSION: The undersigned clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named above. The answers are correct as of this date and he/she has my permission to participate.

SIGNED_____ DATE:_____