

## SPORTS HEALTH UPDATE

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ GRADE \_\_\_\_\_

SPORT \_\_\_\_\_

Please answer the following health related questions:

1. Have you ever had any serious illness or injury since your last sports physical requiring Medical or hospital treatment or care?

CIRCLE ONE:                      YES                                      NO

If yes:

Nature of illness or injury \_\_\_\_\_

Physician in charge \_\_\_\_\_

Hospitalization required    Yes \_\_\_    No \_\_\_    Hospital \_\_\_\_\_    date \_\_\_\_\_

Surgery required \_\_\_\_\_    date \_\_\_\_\_

Protective devices needed to play this sport \_\_\_\_\_

2. Are you presently taking any medication? \_\_\_\_\_  
Please state the type of medication: \_\_\_\_\_

3. Do you have any sever allergies?    \_\_\_ Yes    \_\_\_ No  
Please state treatment required \_\_\_\_\_

4. Do you have medical condition or absence of an eye, ear, testicle, kidney or lung?    \_\_\_ Yes    \_\_\_ No  
Cardiac condition    \_\_\_ Yes    \_\_\_ No

Please specify \_\_\_\_\_

Are you presently under treatment for this condition?    \_\_\_ Yes    \_\_\_ No

State type of treatment \_\_\_\_\_

Type of medication \_\_\_\_\_    Doctor Name \_\_\_\_\_

5. Do you wear glasses or contact lenses?    \_\_\_ Yes    \_\_\_ No
6. Please list any other medical problem(s) the school should be aware of \_\_\_\_\_  
\_\_\_\_\_

7. Date of last TETANUS inoculation \_\_\_\_\_

8. Other significant data or health history \_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL NURE'S OFFICE BEFORE GAME PARTICIPATION.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE