

\* Only Fill out if you do NOT need a physical.

### SPORTS PARTICIPATION HEALTH RECORD UPDATE

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Today's Date \_\_\_\_\_

**INTERIM HEALTH HISTORY:** This form should be used during the interval between preparticipation evaluations. Positive responses should prompt a medical evaluation. This form is to be completed by the athlete and parent.

1. Over the next 12 months, I wish to participate in the following sports:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_
2. Have you missed more than three consecutive days of participation in usual activities because of an injury this past year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate:  
a. Site of injury \_\_\_\_\_  
b. Type of injury \_\_\_\_\_
3. Have you missed more than five consecutive days of participation in usual activities because of an illness diagnosed that has not been resolved in this past year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate type of illness \_\_\_\_\_
4. Have you had a seizure, concussion or been unconscious for any reason in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you had surgery or been hospitalized in the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate:  
a. Reason for hospitalization \_\_\_\_\_  
b. Type of surgery \_\_\_\_\_
6. List all medications you are presently taking and what condition it is for.  
a. \_\_\_\_\_  
b. \_\_\_\_\_
7. Are you worried about any problem or condition at this time?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
8. Do you have any emotional concerns or difficulties that affect mood, appetite, interest level, outlook, sleep, or perception of reality? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

I hereby state that to the best of my knowledge, my answers to the above questions are correct:

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

