

**SPORTS PARTICIPATION HEALTH RECORD
INTERIM HEALTH HISTORY
2019 - 2020**

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

NAME _____ AGE _____ (YRS) GRADE _____ DATE _____
ADDRESS _____ PHONE _____
SPORTS _____

The following Interim Health History section (Part B) needs to be completed at least annually.

PART B – INTERIM HEALTH HISTORY:

This form should be used during the interval between pre-participation evaluations. Positive responses should prompt a medical evaluation:

- 1) Over the next 12 months, I wish to participate in the following sports:
 - a) _____
 - b) _____
 - c) _____
 - d) _____
- 2) Have you missed more than 3 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 5 consecutive days of participation in usual activities because of an illness, or have you had a medical 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 this 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 the medication is for:
 - a) _____
 - b) _____
 - c) _____
- 7) Are you worried about any problem or condition at this time? 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 Parent/Guardian

Date

Signature of Athlete

Date