

VOORHEESVILLE CENTRAL SCHOOL DISTRICT
 Clayton A. Bouton High School – Voorheesville Middle School

Sports Candidate Pre-Season Health History

For Parent/Guardian Use

Prior to the start of tryout sessions or practices at the beginning of each season, a health history review for each athlete must be conducted. The health history must be returned to the health office or the student will not be cleared to participate in the sport, including tryouts. The purpose of the pre-season health history is to ensure that any health problems occurring since the last season are identified and considered.

Last Name: _____ **First Name:** _____ **Date of Birth:** _____
Grade: _____ **Age:** _____ **School Year:** _____
Sport: _____

	Yes	No
1. Has the student ever been told not to participate in a sport for a medical reason?	_____	_____
2. Has anyone in the student's immediate family, under the age of 50, died of heart problems or unexplained causes?	_____	_____
3. Does the student get chest pain, light-headed or faint as a result of exercise?	_____	_____
4. Does the student have asthma?	_____	_____
5. Does the student require a prescribed inhaler?	_____	_____
6. Does the student have allergies (bees, food, etc.) or reactions to medications?	_____	_____
7. Does the student have other allergies? If so, please describe below.	_____	_____
8. Has the student ever had a concussion or skull fracture or been hit in the head, knocked out, or lost consciousness?	_____	_____
9. Has the student ever had any problems with environmental heat (heat fatigue, heat exhaustion or heat stroke)?	_____	_____
10. Does the student have absent or significantly impaired, one of a paired organ (kidney, eye, ear, testicles)?	_____	_____
11. Does the student have any other chronic illness (diabetes, seizures, bleeding disorder, etc.)?	_____	_____
12. Has any family member ever had tuberculosis?	_____	_____
13. Has the student had any operations?	_____	_____
14. Has the student ever had a fracture, broken bone, sprain or dislocation? Describe below.	_____	_____
15. Is the student under a doctor's care now? Please explain below.	_____	_____
16. Does the student take medicine regularly? Describe below.	_____	_____
17. Does the student wear glasses or contacts for sports participation?	_____	_____

Comments: Please describe and give the date of any of the above that have been answered "Yes."

Parental Permission

I, 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.

 Parent/Guardian Signature Date

 Date of Last Tetanus

Home Telephone: _____

Name, Address, Telephone of Primary Care Physician:

Work Telephone: _____

Telephone: _____