

Caledonia-Mumford Central School
Health History Review
(Parent/Guardian to complete form)

HEALTH HISTORY

Name: _____

Sport: _____

Coach: _____

GRADE LEVEL: _____

Prior to the first practice sessions of each sports season, a health history form for each student/athlete must be completed.

Medical History: Check appropriate answer. Please explain any "yes" answers below. "Yes" responses do not mean automatic disqualification, but evaluation by school medical personnel.

		YES	NO
1. Has anyone in your family (grandparents, parents, brother, sister, aunt, uncle) died suddenly before the age of 50?	1		
2. Have you ever passed out during exercise or stopped exercising because of dizziness?	2		
3. Do you have Asthma (wheezing), hayfever, or coughing spells after exercise?	3		
4. Have you ever broken a bone, had to wear a cast, been in a hospital, or had a joint injury?	4		
5. Do you have a Chronic Illness or see a Doctor regularly for a condition?	5		
6. Do you take any medication?	6		
7. Are you allergic to any foods, medication, &/or beestings?	7		

Please explain "Yes" responses: _____

I hereby certify that the above medical information is accurate and current.

Signature of Parent/Guardian _____

Date _____

RETURN FORM TO SCHOOL NURSE