

LIST ALL Sports you are interested in trying out for this year:

Office Use Only  
AP Form Rec'd by \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Pre-Participation Medical History to be completed by PARENT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian home phone \_\_\_\_\_ Father work # \_\_\_\_\_ Mother work # \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Address \_\_\_\_\_

**HEALTH HISTORY (MUST BE COMPLETED PRIOR TO THE EXAMINATION)**

**YES OR NO – HAS THE STUDENT HAD ANY:**

1. \_\_\_\_\_ Chronic or recurrent illness?
2. \_\_\_\_\_ Illness lasting over 1 week?
3. \_\_\_\_\_ Hospitalization?
4. \_\_\_\_\_ Missing organs?
6. \_\_\_\_\_ Allergies (medications, food)?
7. \_\_\_\_\_ Problems with heart/blood pressure?
8. \_\_\_\_\_ Chest pain/severe shortness of breath with exercise?
9. \_\_\_\_\_ Dizziness or fainting with exercise?
10. \_\_\_\_\_ Fainting, bad headaches or convulsions?
11. \_\_\_\_\_ Concussion or loss of consciousness?
12. \_\_\_\_\_ Heat exhaustion, heatstroke, or other problems with heat?

**YES OR NO – IS THERE ANY HISTORY OF:**

13. \_\_\_\_\_ Injuries requiring physical treatment?
14. \_\_\_\_\_ Neck or back injury?
15. \_\_\_\_\_ Knee injury?
17. \_\_\_\_\_ Ankle injury?
18. \_\_\_\_\_ Other serious joint injury?
19. \_\_\_\_\_ Broken bones (fractures)?

**YES OR NO – FURTHER HISTORY:**

20. \_\_\_\_\_ Is there any reason why this student should not participate in sports?
21. \_\_\_\_\_ Has any family member died suddenly at less than 40 years of age? Of causes other than an accident?
22. \_\_\_\_\_ Has any family member had a heart attack at less than 55 years of age? Of what age?

**YES OR NO – DOES THIS STUDENT:**

23. \_\_\_\_\_ Wear eyeglasses or contact lenses?
24. \_\_\_\_\_ Wear dental bridges, braces, retainers or plates?
25. \_\_\_\_\_ Take any medications? Please list. \_\_\_\_\_

Date of last known tetanus shot: \_\_\_\_\_

Use this space to explain any yes answers to the above questions:

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_