



CHRISTIAN BROTHERS ACADEMY



INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

Prior to the start of tryout sessions or practice at the beginning of each sporting season, a health history review for each student athlete must be conducted within **30 days of the start of the season.**

PART A: TO BE COMPLETED BY PARENT/GUARDIAN:

Student: _____ Age: _____ Male ___ Female ___

Grade: 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___ Date of Birth: ____ / ____ / ____

Sport: _____ Level: Varsity ___ JV ___ Modified ___

Date of **LAST** Health Physical: ____ / ____ / ____ Home Phone: _____

Parents: Mother _____ Cell# _____ Work# _____

Father: _____ Cell# _____ Work# _____

HEALTH OFFICE APPROVAL: _____ Date: _____

(CBA School Nurse)

Notes: _____

PART B: MEDICAL HISTORY (TO BE COMPLETED BY PARENT OR GUARDIAN)

- | | | | |
|---|-----------|----------|------------|
| 1. Is the student under a physician's care at this present time for illness or injury? | Yes _____ | No _____ | Date _____ |
| 2. Has had fractures, surgical operations or hospitalization in the past 3 months? | Yes _____ | No _____ | Date _____ |
| 3. Has experienced loss of consciousness, dizziness, lightheadedness or chest pain related to exertion? | Yes _____ | No _____ | Date _____ |
| 4. Is there a history of injury or absence of kidney, eye or testicle? | Yes _____ | No _____ | Date _____ |
| 5. Takes medications now? Please include all medications including inhalers and Epi-Pens. | Yes _____ | No _____ | Date _____ |
| 6. Allergies? (Bee sting, medications or foods) | Yes _____ | No _____ | Date _____ |
| 7. Asthma? | Yes _____ | No _____ | Date _____ |
| 8. Has had a history of seizures, concussion in the past year or two concussions in the past? | Yes _____ | No _____ | Date _____ |
| 9. Has there been a sudden death in the immediate family of someone under the age of 50?
(If yes please indicate in the space below age and cause, if known) | Yes _____ | No _____ | Date _____ |
| 10. Has had a history of high blood pressure or heart abnormality? | Yes _____ | No _____ | Date _____ |
| 11. Do you know of any reason why this individual should not participate in all sports? | Yes _____ | No _____ | Date _____ |

IF RECENT ILLNESS OR INJURY IS SIGNIFICANT PLEASE SEND A LETTER FROM YOUR CHILD'S PHYSICIAN.

PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Please explain any "yes" answers: _____

PART D: PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to determine if my child can safely participate in the athletic activity named above. The answers are correct as of this date and my child has my permission to participate in this sport.

SIGNED: _____ **DATE:** ____ / ____ / ____