

# SPORTS PARTICIPATION HEALTH RECORD FOR NORWALK PUBLIC SCHOOLS

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

***THIS SIDE MUST BE COMPLETED BY PARENT OR GUARDIAN AND STUDENT BEFORE BEING BROUGHT TO THE DOCTOR'S OFFICE.***

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ GRADE \_\_\_\_\_  
 SPORTS BEING PLAYED (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**MEDICAL HISTORY - (To be completed by student and parent or guardian)**

1. Do you have any allergies? (*drug, food, insect stings, etc.*) \_\_\_\_\_ **YES**; list: \_\_\_\_\_ **NO**
2. Are you currently taking any drugs or medications including steroids or protein supplements? (*daily or occasionally*) \_\_\_\_\_ **YES**; list: \_\_\_\_\_ **NO**
3. Is a physician or other health care professional presently treating you for any condition? \_\_\_\_\_ **YES**; explain: \_\_\_\_\_ **NO**
4. Have you ever been advised by a doctor not to participate in any sport? \_\_\_\_\_ **YES**; explain: \_\_\_\_\_ **NO**
5. Do you have any chronic conditions, disorders, or diseases? Check those applicable or **→→→→→→→→→→→**  
**NO**  
 Asthma  Bleeding Disorders  Diabetes  Epilepsy (seizures)  
 Hepatitis (liver disease)  Hypertension (high blood pressure)  Sickle Cell Anemia  Other  
 Mononucleosis – \_\_\_ Yr.  Kawasaki's Disease  Handicap (describe) \_\_\_\_\_

**Please check where applicable if you have had any of the following:**

	YES	NO		YES	NO
Head injury, concussion, or been unconscious If yes, how many times _____	___	___	Eye injury or retinal detachment	___	___
Headaches more than once a week	___	___	Blurred vision or vision in one eye only	___	___
Lack of feeling or numbness in any part of body	___	___	Wear glasses or contacts	___	___
Heat exhaustion or heat stroke	___	___	Hearing loss or impairment in one or both ears	___	___
Difficulty running ½ mile without stopping	___	___	Tubes in ears or a perforated eardrum	___	___
Chest pain, dizziness, or passing out during exercise	___	___	False teeth, caps, or braces	___	___
Coughing, wheezing, or gasping for breath with exercise or cold weather	___	___	Nose bleeds for no reasons	___	___
Smoke cigarettes or chew tobacco	___	___	Bruising easily or taking a long time to stop bleeding when cut	___	___
Heart problem, murmur, or arrhythmia	___	___	Diarrhea more than once a week	___	___
Family member with a heart attack under age 50	___	___	Black or bloody bowel movements (stools)	___	___
Loss or gain of more than 10 lbs. in last year	___	___	Kidney disease or dark, brown, or bloody urine	___	___
Special diet for medical reasons	___	___	Less than two kidneys or, in males, two testicles	___	___
<i>For female participants:</i>			Lump(s) in arm pit or groin	___	___
Absent or irregular monthly periods	___	___	Rash or skin problem	___	___
Disabling cramps with menstrual periods	___	___	Neck, spine, or low back injury or pain	___	___

**Have you ever been hospitalized for medical or surgical reasons? YES \_\_\_ NO \_\_\_**

If yes, provide the following information:

<u>REASON</u>	<u>YEAR</u>	<u>HOSPITAL</u>
_____	_____	_____
_____	_____	_____

**Please carefully list below any injury (nerve, muscle, bone, or joint) you have had that did not allow you to participate in regular activity for a week or more?**

<u>INJURED AREA</u> (knee, hamstring, neck, shin, etc.)	<u>YEAR</u>	<u>SIDE</u> (R, L)	<u>TYPE</u> (fracture, sprain, swelling, pinched nerve, etc.)	<u>RESOLVED</u> YES NO
_____	___	___	_____	___ ___
_____	___	___	_____	___ ___

**STUDENT AND PARENT OR GUARDIAN:**

We hereby state that we have reviewed this medical history and found the information supplied above to be correct to the best of our knowledge.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Norwalk Public Schools \_\_\_\_\_ Norwalk, CT \_\_\_\_\_