

BISHOP GRIMES JR/SR HIGH SCHOOL

Interval Health History for Athletic Participation

This form must be submitted to the school nurse and
dated no sooner than 30 days before the first day of practice.

Parent/Guardian must complete this form

Part A :

Student Name: _____ Age: _____ DOB: _____ Grade(circle): 7 8 9 10 11 12

Sport: _____ Level (circle): Varsity JV Modified

HISTORY SINCE LAST PHYSICAL EXAMINATION:

Last Physical Date: _____ Tetanus Date: _____

- | | YES | NO |
|--|-----|-----|
| 1) Since your child's last physical examination, has your child had any injuries requiring medical attention?* | [] | [] |
| 2) Since your child's last physical examination, has your child had any injury or illness lasting more than five (5) days?* | [] | [] |
| 3) Since your child's last physical examination, has your child had any feeling of faintness, dizziness or fatigue after exercise or exertion?* | [] | [] |
| 4) Since your child's last physical examination, has your child had any serious illness, injury, surgical operations or fractures?*(ie: Mono, meningitis, pneumonia, etc.) | [] | [] |
| 5) Does your child have any allergies (insect, medicine, food)? | [] | [] |
| 6) Is your child taking medicine or under a provider's care for a current medical problem or condition? | [] | [] |
| 7) Does your child wear glasses or contact lenses? | [] | [] |
| 8) In the last 12 months, has your child sustained a concussion or suffered from "concussion-like" symptoms? If yes, please describe below | [] | [] |

NOTE: Checking "YES" to the questions that are marked with an * will require a release from your child's health care provider regardless of whether or not any restrictions were placed on athletic participation. This detailed note should indicate the nature of the illness, injury or surgery, the date of the office visit and the date that he/she may resume participation.

Part B - Describe the condition or situation that caused any questions in Part A to be answered "Yes".

Part C - I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the Bishop Grimes athletic team named in Part A of this form. The answers are correct as of this date.

Signature of Parent / Guardian

/ /

Date