



STUDENT HEALTH RECORD

Student Name: _____ Date of Birth: _____ Social Security #: _____

Sex: Male Female Sport: _____ Any known allergies: Yes No

Reactions? (List) _____

Health History		Yes	No	Date	Comments
1	Anemia?				
2	Ear Infection?				
3	Hepatitis?				
4	Meningitis?				
5	Mononucleosis?				
6	Pneumonia?				
7	Sinusitis?				
8	Tonsillitis?				
9	Asthma/Bronchitis?				
10	Does the student have painful periods?				
11	Does the student have an outgoing illness such as diabetes?				
12	Has the student ever had a rash or hives develop during or after exercise?				
13	Does the student have any current skin problems (ex: itching, rashes, acne, warts, fungus)?				
14	Has the student ever had a head injury or concussion?				
15	Has the student ever been knocked out, become unconscious, or lost their memory?				
16	Has the student ever had a seizure?				
17	Does the student have frequent or severe headaches or migraines?				
18	Has the student ever had numbness or tingling in their arms, hands, legs or feet?				
19	Does the student cough, wheeze, or have trouble breathing during or after activity?				
20	Does the student have asthma?				
21	Has the student or any family member ever had an adverse reaction to anesthesia?				
22	Does the student have a history of or currently have an eating disorder?				
23	Does the student have a history of or currently have any mental health issues (ex: Depression, anxiety, stress, ADD/ADHD)?				

Explain "Yes:" Answers: _____



STUDENT HEALTH RECORD

Students Name: _____

LIST ANY SURGERIES OR HOSPITALIZATION

DATE	SURGERY	HOSPITALIZATION

ORTHOPEDIC HISTORY

Provide any previous injuries your student has suffered: Include dates, surgeries, special tests (CAT scan, x-ray, MRI, etc.), right or left body part. If any of the above tests have performed on your student, please include a copy with this form.

Head (including ear, teeth, nose and eyes):	
Neck:	
Back:	
Chest:	
Shoulders:	
Arms:	
Elbows:	
Wrists:	
Hands/Fingers:	
Hips:	
Thighs:	
Knee:	
Lower Leg (shin/calves):	
Ankles:	
Feet/Toes:	

Is there anything else we should be aware of regarding your student's health? _____

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct. I understand and acknowledge that I am hereby advised that the student will undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echo cardiogram (ECG or ECHO) and/or cardio stress test.

Parent / Guardian (Please Print)

Signature of Parent/Guardian

Date of Completion