

Interim Sports Participation Health History

Name: _____ Date of Birth: _____ Date form filled out: _____

1. Over the next 12 months, I wish to participate in the following sports:

- a. _____
- b. _____
- c. _____
- d. _____

2. Have you ever missed more than 3 consecutive days of participation in usual activities because of an injury this past year?

Yes _____ No _____

If yes, please indicate:

- a. Site of injury _____
- b. Type of injury _____

3. Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not resolved in this past year?

Yes _____ No _____

If yes, please indicate:

- a. Type of illness _____

4. Have you had a seizure, concussion, or been unconscious for any reason in the past year?

Yes _____ No _____

5. Have you had surgery or been hospitalized in this past year:

Yes _____ No _____

If yes, please indicate:

- a. Reason for hospitalization _____
- b. Type of surgery _____

6. List all medications you are presently taking and what condition the medication is for

- a. _____
- b. _____
- c. _____
- d. _____

7. List any specialist or other physician you have visited this past year, and the reason for the visit

- a. _____
- b. _____
- c. _____

8. Are you worried about any problem or condition at this time?

Yes _____ No _____

If yes, please explain: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

(This form should be used during the interval between pre-participation evaluations. Positive responses should prompt a physical exam.) Signature of physician reviewing form: _____ Date: _____