INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION
BROOKFIELD CENTRAL SCHOOL

Prior to the start of tryout sessions or practice at the beginning of each year, a health history review for each athlete must be conducted.

Student: _____ Age: _____ Grade: _____
Date of Birth: ___/___/___ Level (check): ____Var ____JV ____Fresh ____Jr. High
Sport(s): _____/_____/_____/_____

NOTE: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

The answers to the questions on this form will be held in the school health office and will be kept confidential.

History since **last** year:
If the answer to any of the following questions is "YES", please describe the condition or situation that prompted your answer on the lines below.

1. Any injuries requiring medical attention?	_____Yes	_____No
2. Any illness lasting more than five (5) days?	_____Yes	_____No
3. Taking medicine or under physician's care at this time?	_____Yes	_____No
4. Any feeling of faintness, dizziness or fatigue after exercise or exertion?	_____Yes	_____No
5. Change in wearing glasses or contact lenses?	_____Yes	_____No
6. Any surgical operations or fractures?	_____Yes	_____No
7. Any treatment in a hospital or emergency room?	_____Yes	_____No
8. Developed any allergies?	_____Yes	_____No
9. Any chronic disease?	_____Yes	_____No
10. Has there ever been a sudden death in a family member under fifty (50) years of age?	_____Yes	_____No

Comments: _____
_____
_____

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

Parental Signature: _____ Date: _____