

HEALTH UPDATE INFORMATION FOR SPORTS

Student's Name _____
(Please Print)

Grade _____

Date of Last School Physical _____

(Circle Below)

Since last physical:

- | | | |
|---|-----|----|
| 1. Has student had any injuries requiring medical attention? | YES | NO |
| 2. Has student had surgery or any fractures? | YES | NO |
| 3. Has student been ill for longer than five days? | YES | NO |
| 4. Has student been treated in the hospital or emergency room? | YES | NO |
| 5. Is student under physician's care now? | YES | NO |
| 6. Is student taking any medication now? | YES | NO |
| 7. Does student have any known allergies? | YES | NO |
| 8. Does student have any chronic disease? | YES | NO |
| 9. Does student wear glasses or contacts? | YES | NO |
| 10. Is there any reason why the student should not participate? | YES | NO |

If **YES** to any of the above, **EXPLAIN:**

Date: _____ Signed: _____
Parent/Guardian

(For Office Use Only)

Checked by: Coach _____
Sports/Level _____

Filed by: Nurse _____
Date _____