Please enter School Name here

Health History
(Seventh Grade through High School)

Student Name_____ Date of Birth_____ Sex: M ☐ F ☐

Parent/Guardian Name:_____ Address:_____

Parent/Guardian Telephone:_____

Parent/Guardian Instructions: The following information is requested in order to help us meet your student's health needs at school. The information you provide may be shared with school personnel as needed in order to promote your student's health care provider. Please contact the school nurse if you have questions. Return the completed form to the school health office.

Please check the third box for the questions you don't know the answer to. Explain "yes" answers below.

	Y	N	?
1. Has there been a medical illness or injury since the last checkup or sports physical?	☐	☐	☐
2. Has the student ever been hospitalized overnight?	☐	☐	☐
Has the student ever had surgery?	☐	☐	☐
3. Is the student currently taking any prescription or non prescription (over-the-counter) medications or pills or using an inhaler?	☐	☐	☐
Any supplements or vitamins to help weight gain/ weight loss or improve athletic performance?	☐	☐	☐
4. Does the student have any allergies (for example- pollen, medicine, food or stinging insects)?	☐	☐	☐
Has the student ever had a rash or hives develop during or after exercise?	☐	☐	☐
5. Has the student ever passed out during exercise?	☐	☐	☐
Has the student ever been dizzy during or after exercise?	☐	☐	☐
Has the student ever had chest pain during or after exercise?	☐	☐	☐
Does the student get tired more quickly than friends do during exercise?	☐	☐	☐
Has the student ever had racing of their heart or skipped heartbeats?	☐	☐	☐
Has the student ever had high blood pressure or cholesterol?	☐	☐	☐
Has the student ever been told he/she has a heart murmur?	☐	☐	☐
Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐	☐
Has any family member or relative been diagnosed with cardiomyopathy (thick heart), long QT Syndrome or Marfan Syndrome?	☐	☐	☐
Has the student had a severe viral infection (for example- myocarditis or mononucleosis) within the past month?	☐	☐	☐
Has a physician ever denied or restricted participation on sports for any heart problems?	☐	☐	☐
6. Does the student have any current skin problems (for example- itching, rashes, acne, warts, fungus or blisters)?	☐	☐	☐
7. Has the student ever had a head injury or concussion?	☐	☐	☐
Has the student ever been knocked out, become unconscious or lost their memory?	☐	☐	☐
Has the student ever had a seizure?	☐	☐	☐
Does the student have frequent or severe headaches?	☐	☐	☐
Does the student ever have numbness or tingling in arms, hands, legs, or feet?	☐	☐	☐
Has the student ever has a stinger, burner or pinched nerve?	☐	☐	☐

	Y	N	?
8. Has the student ever become ill from exercising in the heat?	☐	☐	☐
9. Does the student cough, wheeze or have trouble breathing during or after activity?	☐	☐	☐
Does the student have asthma?	☐	☐	☐
Does the student have season allergies that require medical treatment?	☐	☐	☐
10. Does the student use any special protective or corrective equipment or devices that aren't usually used for their sport or position (for example- knee brace, special neck roll, foot orthotics, retainer on their teeth or hearing aid)?	☐	☐	☐
11. Has the student had any problems with their eyes or vision?	☐	☐	☐
12. Has the student ever had a sprain, strain, or swelling after injury?	☐	☐	☐
Has the student broken or fractured any bones or dislocated any joints?	☐	☐	☐
Has the student had any other problems with pain or swelling in muscles, tendons, bones or joints? Check all that apply.	☐	☐	☐
☐ Head ☐ Elbow ☐ Thigh ☐ Neck ☐ Forearm ☐ Knee ☐ Back ☐ Wrist ☐ Shin/Calf ☐ Chest ☐ Hand ☐ Ankle ☐ Shoulder ☐ Finger ☐ Foot ☐ Hip ☐ Upper Arm			
13. Does the student want to weigh more or less than they do at the present time?	☐	☐	☐
14. Does the student complain of feeling stressed out?	☐	☐	☐

FEMALES ONLY

15. When was the first menstrual period?_____

When was the most recent menstrual period?_____

How much time usually passes between the start of one period and the start of the next?_____

How many periods has the student had in the past year?_____

What was the longest time between periods in the past year?_____

Explain your answers here:

Completed by _____ Relationship to student _____ Date _____

FH-5 New 6-07 (24313)

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