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| **Interval Health History for Athletics** | | | | | | | | |
| Student Name: | |  | | | DOB: | | |  |
| School Name: | |  | | | Age: | | |  |
| Grade (check): 7  8  9  10  11  12 | | | Limitations:  NO  YES | | | | | |
| Sport: |  | | | Date of last Health Exam: | | |  | |
| Sport Level: Modified  Fresh  JV  Varsity | | | | Date form completed: | |  | | |
| **MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.** | | | | | | | | |

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| Since your child’s last health exam –  Has Your Child? | | |
| Brain/Head Injury History | No | Yes |
| Has or had a hit to the head that caused headache, dizziness, nausea, or confusion, or been told they had a concussion? |  |  |
| Received treatment for a seizure disorder or epilepsy? |  |  |
| Has or had headaches with exercise? |  |  |
| Has or had migraines? |  |  |
| Breathing | No | Yes |
| Complained of getting extremely tired or short of breath during exercise? |  |  |
| Used or carries an inhaler or nebulizer? |  |  |
| Has or had wheezing or coughing frequently during or after exercise? |  |  |
| Been told by a health care provider they have asthma or exercise-induced asthma? |  |  |
| Digestive (GI) Health | No | Yes |
| Has or had stomach or other GI problems? |  |  |
| Has an eating disorder? |  |  |
| Has a special diet or need to avoid certain foods? |  |  |
| Do you have concerns about your child’s weight? |  |  |
| Injury History | No | Yes |
| Been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling? |  |  |
| Had an injury, pain, or joint swelling caused them to miss practice or a game? |  |  |
| Has or had a bone, muscle, or joint that bothers them? |  |  |
| Has or had joints that become painful, swollen, warm, or red with use? |  |  |
| Been diagnosed with a stress fracture? |  |  |
| Females Only | No | Yes |
| Change in period frequency related to female athlete triad? |  |  |

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| Since your child’s last health exam –  Has Your Child? | | |
| General Health | No | Yes |
| Been restricted by a health care provider from sports participation for any reason? |  |  |
| Had surgery? |  |  |
| Spent the night in a hospital? |  |  |
| Been diagnosed with mononucleosis within the last month? |  |  |
| Has only one functioning kidney? |  |  |
| Has or had a bleeding disorder? |  |  |
| Having problems with hearing or have congenital deafness? |  |  |
| Having problems with vision or only have vision in one eye? |  |  |
| Been diagnosed with a new medical condition? |  |  |
| If yes, check all that apply:  Asthma  Diabetes  Seizures  Sickle cell trait or disease  Other: | | |
| Developed Allergies? |  |  |
| If yes, check all that apply  Food  Insect Bite  Latex  Medicine  Other:  Pollen | | |
| Had anaphylaxis? |  |  |
| Carry an epinephrine auto-injector? |  |  |
| Had or has groin pain, a bulge, or a hernia? |  |  |
| Devices / Accommodations | No | Yes |
| Uses a brace, orthotic, or another device? |  |  |
| Has special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? |  |  |
| Wears protective eyewear, such as goggles or a face shield? |  |  |
| Wears a hearing aid or cochlear implant? |  |  |
| **Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.** | | |

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| Student Name: |  | DOB: |  |

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| Since your child’s last health exam –  Has Your Child? | | | |
| Heart Health | | No | Yes |
| Had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)? | |  |  |
| Has or had lightheadedness or dizziness during or after exercise? | |  |  |
| Has or had chest pain, tightness, or pressure during or after exercise? | |  |  |
| Has or had fluttering in the chest, skipped heartbeats, heart racing? | |  |  |
| Been told by a healthcare provider they have or had a heart or blood vessel problem? | |  |  |
| **If yes, check all that apply:** | | | |
| Chest Tightness or Pain  High Blood Pressure  Low Blood Pressure  New fast or slow heart rate | Heart Infections  Heart Murmur  High Cholesterol  Kawasaki Disease | | |
| Has implanted cardiac defibrillator (ICD)  Had a pacemaker implanted | | | |
| Other: | | | |
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| Since your child’s last health exam –  Has Your Child? | | |
| Males Only | No | Yes |
| Has only one testicle? |  |  |
| Skin Health | No | Yes |
| Has any rashes, pressure sores, or other skin problems? |  |  |
| Has a herpes or MRSA skin infection? |  |  |
| COVID-19 Information | No | Yes |
| Child tested positive for COVID-19? |  |  |
| **NO, STOP** and go to Family Heart Health History.  If **YES,** answer the questions below: | | |
| Date of positive COVID test: | | |
| Was your child symptomatic? |  |  |
| Did your child see a healthcare provider for their COVID-19 symptoms? |  |  |
| Was your child hospitalized for COVID? |  |  |
| Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)? |  |  |

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| Since your child’s last health exam - check any **NEW** Family Heart Health History | |
| A relative had or is currently experiencing any of the following: | |
| Check all that apply: |  |
| Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy  Arrhythmogenic Right Ventricular Cardiomyopathy?  Heart rhythm problems: long or short QT interval?  Structural heart abnormality, repaired or unrepaired? | Brugada Syndrome?  Catecholaminergic Ventricular Tachycardia?  Marfan Syndrome (aortic rupture)?  Heart attack at age 50 or younger?  Pacemaker or implanted cardiac defibrillator (ICD)? |
| Known heart abnormalities or sudden death before age 50?  Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50? | |
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| If you answered **NO** to ***all*** questions, **STOP**. Sign and date below.  **GO** to page 3 if you answered **YES** to a question. | | | |
| **Information on this form is NEW information since my child’s last health examination.** | | | |
| Parent/Guardian  Signature: |  | Date: |  |

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| Student Name: |  | DOB: |  |

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| If you answered YES to any questions, give details. Sign and date below. | | | |
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| Parent/Guardian Signature: |  | Date: |  |