

**POUGHKEEPSIE CITY SCHOOL DISTRICT
ATHLETIC HEALTH HISTORY**

STUDENT'S NAME	STUDENT'S ID NUMBER	DATE OF BIRTH
SPORT	LEVEL (VARSITY/JV/MODIFY)	GRADE

HEALTH HISTORY TO BE COMPLETED BY PARENT/GUARDIAN: ANSWER THE QUESTIONS BELOW TO INDICATE IF YOUR CHILD HAS OR HAS EVER HAD THE FOLLOWING. EXPLAIN ANY YES ANSWERS INCLUDING DATES. USE THE BACK OF PAGE IF NEEDED.

HAS YOUR CHILD HAD ANY OR DOES ANY OF THE FOLLOWING:	NO	YES	EXPLAIN- INCLUDE DATES
A health care provider's note to excuse student from gym or sports in the past 6 months?			
Uses any orthopedic devices/braces/ supports			
Chronic Illnesses			
Allergies to Food			
Allergies to Environmental			
Allergies to Medication-(Prescribed or Over the Counter)			
History of Asthma or Reactive Airway Disease			
One Eye			
One Kidney			
Seizure Disorder/Convulsion			
History of Fainting/Dizzy spells/ High Blood Pressure			
History of Heart Problem			
False or Capped Teeth			
Dental Braces or Dental Appliances			
History of Back Problems/Scoliosis			
Been sick over one week in the past year			
Had a Head Injury/Concussion/Knocked Out Dislocation/Sprain/Strain			
Fracture/Broken Bone			
Admitted to hospital overnight?			
Had X-Rays/ CAT Scan/ MRI			
Had an Operation/Surgical Procedure?			
Chest Pain/Discomfort during exertion			
Wear glasses or contact lens for sports?			
Takes Medication every day			
Has had a family member who had a heart attack before 50 years old			
FOR FEMALES ONLY	NO	YES	EXPLAIN
Has her period regularly?			
Age period began?			
FOR MALES ONLY	NO	YES	
One testicle?			

I certify that to the best of my knowledge my answers are complete and true. I will notify the School Nurse & Coach of any changes in my child's health. I will provide a Doctor's order and parent permission for any emergency inhalers or Epi-Pen to the School Nurse for my child to have available during athletics & school year.
 Parent/Guardian Signature _____ Date: _____