

Parent/Guardian must complete this form

Rogers Adventist School Student Athlete Health History

Name: _____ Birth date: _____ Gender Male Female
Last First MI month/day/year

ID Number: _____ School: _____ Grade: _____

Address: _____ Telephone: () - _____
Street Address City State Zip

Parent/Guardian: _____ Family Physician _____

To the Parent/Guardian:

Please complete the Health History prior to the physical examination. Your signature is required.

	Yes	No		<i>If you answer "Yes", please explain:</i>
1.	<input type="checkbox"/>	<input type="checkbox"/>	Any chronic or recurrent illnesses?	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	Any illness lasting more than a week?	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	Any hospitalization?	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	Any surgery other than tonsillectomy?	_____
5.	<input type="checkbox"/>	<input type="checkbox"/>	Any injuries requiring treatment by a physician?	_____
6.	<input type="checkbox"/>	<input type="checkbox"/>	Are you presently taking ANY medications?	_____
7.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any problem with your blood pressure?	_____
8.	<input type="checkbox"/>	<input type="checkbox"/>	Any dizziness, fainting, convulsions, or frequent headaches?	_____
9.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever "passed out" or been "knocked out"?	_____
10.	<input type="checkbox"/>	<input type="checkbox"/>	Wear eyeglasses or contact lenses?	_____
11.	<input type="checkbox"/>	<input type="checkbox"/>	Wear any dental appliance such as braces, bridge, or plate?	_____
12.	<input type="checkbox"/>	<input type="checkbox"/>	Allergic to ANY medication (aspirin, penicillin, etc.)?	_____
13.	<input type="checkbox"/>	<input type="checkbox"/>	Any knee injury?	_____
14.	<input type="checkbox"/>	<input type="checkbox"/>	Any knee surgery?	_____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Any ankle injury?	_____
16.	<input type="checkbox"/>	<input type="checkbox"/>	Any history of neck injury?	_____
17.	<input type="checkbox"/>	<input type="checkbox"/>	Any other joint sprains or dislocations (shoulder, wrist, finger, etc.)?	_____
18.	<input type="checkbox"/>	<input type="checkbox"/>	Any broken bones?	_____
19.	<input type="checkbox"/>	<input type="checkbox"/>	Any organ missing other than tonsils (appendix, eye, kidney, testicles)?	_____
20.	<input type="checkbox"/>	<input type="checkbox"/>	Any heat exhaustion or heat stroke?	_____
21.	<input type="checkbox"/>	<input type="checkbox"/>	Any reasons why this applicant should not participate in sports?	_____
22.	<input type="checkbox"/>	<input type="checkbox"/>	Any menstrual problems?	_____
23.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have to stop while running twice around a ¼ mile track?	_____
24.	<input type="checkbox"/>	<input type="checkbox"/>	Have any close relative of yours had a "heart attack" or "heart problem" under the age of 50?	_____

Comments: _____

Date of most recent Tetanus Booster (Tetanus Booster required every 10 years).
If due please obtain with athletic physical.

PARENTAL PERMISSION: I give permission for the above-named child to participate in the sport(s) approved by the Examiner under the auspices of the Walla Walla Public Schools, and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participations and I am not immediately available.

Date: _____ Signature of Parent or Guardian: _____