

Broadalbin-Perth Central School  
Sports Health History Form

Name of Athlete: \_\_\_\_\_ Phone # \_\_\_\_\_

Sport: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

- **Sports physicals will not be given to any student unless this form is completed and returned to the school nurse's office prior to the day of the scheduled exams.**
- **Sports physicals will be performed by our school physician. If you want your own physician to do the physical, a copy of the physical must be received prior to the first practice.**

To be completed by the athlete and parent.

1. In the past year have you had an illness that: Yes    No

a. Required you to stay in the hospital overnight? \_\_\_    \_\_\_

b. Lasted longer than one week? \_\_\_    \_\_\_

c. Caused you to miss 3 days of practice or competition? \_\_\_    \_\_\_

d. Required an operation? \_\_\_    \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

2. In the past year have you had an injury that:

a. Required you to visit the emergency room or a doctor? \_\_\_    \_\_\_

b. Required you to stay in the hospital or overnight? \_\_\_    \_\_\_

c. Required x-rays? \_\_\_    \_\_\_

d. Caused you to miss 3 days of practice or competition? \_\_\_    \_\_\_

e. Required an operation? \_\_\_    \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

3. Do you have any allergies to medication? \_\_\_    \_\_\_  
What is the medication? \_\_\_\_\_

4. Do you have any other allergies (ex. bees, latex)? \_\_\_    \_\_\_  
What are you allergic to? \_\_\_\_\_  
Do you take medication for this? \_\_\_    \_\_\_  
What medication? \_\_\_\_\_

5. Do you take any over the counter or prescription medication? \_\_\_    \_\_\_  
What is the medication? \_\_\_\_\_

Yes No

6. Have any members of your family under the age of 50 had a heart attack, heart problem, or died unexpectedly?    
Who and when? \_\_\_\_\_
7. In the past year have you:  
a. Been dizzy or passed out during or after exercise?    
b. Been unconscious or had a concussion?    
If yes, please explain \_\_\_\_\_
8. Are you able to run 1/2 mile (2 times around the track) without stopping?    
If no, please explain \_\_\_\_\_
9. Do you:  
a. Wear glasses or contact lenses?    
b. Wear dental bridges, plates or braces?
10. Do you have a chronic illness (diabetes, asthma etc)?    
If yes, please explain \_\_\_\_\_  
What, if any, medication do you take for this condition? \_\_\_\_\_
11. Have you ever had a heart murmur, high blood pressure or a heart abnormality?    
If yes, please explain \_\_\_\_\_
12. Are you missing a kidney?    
If yes, please explain \_\_\_\_\_
13. For females:  
a. At what age did you experience your first menstrual period? \_\_\_\_\_  
b. In the past year what is the longest amount of time you have gone between periods? \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date \_\_\_\_\_  
(Signature of Athlete) (Signature of Parent)

