



GRIZZLY ATHLETICS

WILLIAM S. HART SCHOOL DISTRICT

MEDICAL HISTORY TO BE COMPLETED BY PARENT GUARDIAN BEFORE EXAMINATION

NAME OF STUDENT ATHLETE _____ SEX ___ AGE ___ DOB _____

GRADE _____ SCHOOL _____ SPORT(S) _____

Y OR N (CIRCLE Y OR N) IF YES PLEASE EXPLAIN)

1. HAS THE STUDENT ATHLETE HAD A MEDICAL ILLNESS OR INJURY SINCE HIS/HER LAST CHECK UP OR SPORTS PHYSICAL? Y N

2. IS THE STUDENT-ATHLETE CURRENTLY TAKING ANY PRESCRIPTION OR NONPRESCRIPTION (OTC) MEDICATION OR USING AN IN HALER Y N

3. DOES THE STUDENT-ATHLETE HAVE ANY ALLERGIES (POLLEN, MEDICINE, FOOD, BEE STINGS, ETC) Y N

4. HAS THE STUDENT-ATHLETE EVER HAD A SEIZURE? Y N

5 HAS THE STUDENT-ATHLETE EVER BECOME ILL FROM EXERCISING IN THE HEAT? Y N

6. IS THERE ANY PERTINENT MEDICAL INFORMATION COACHES OR PHYSICIANS SHOULD KNOW ABOUT THE STUDENT-ATHLETE Y N

7 DOES THE STUDENT-ATHLETE WEAR GLASSES, CONTACTS, OR DENTAL BRACES? Y N

PARENT/GUARDIAN SIGNATURE