



Certification for Sports Participation

Interim Health History

Year

(To be completed by parent or guardian)

Date _____ Sport _____

Personal

Name _____ Age _____

Home Address _____

Parent/Guardian _____ Phone _____

Family Physician _____ Phone _____

Within past year have you had...	Y	N	Explain
Any injury related to sports?			
Any injury not related to sports?			
Any operations?			
Any illness requiring you to stay home or be hospitalized?			
Experienced dizzy spells or black outs or unconsciousness?			
Had any episodes of unexplained shortness of breath, wheezing, or chest pain?			
Developed any new health problems?			
Taking any new medications or prescriptions over the counter?			

My son/daughter has my permission to participate in _____

The above responses are true to the best of my knowledge.

My child has a physical exam scheduled for (date) _____.

*** (If physical is not completed when you hand in this portion of the form, cut at the dotted line and hand in the physical form as soon as the physical is completed.)*

Parent/Guardian signature _____

Date _____