

For office use: Cleared to try out/play by Health Office
Coach: Needs inhaler Needs epi-pen

Annual Form B
School Year 2021/2022

M.S.A.D. # 1

STUDENT YEARLY SPORTS HEALTH HISTORY

(To be completed by parent)

Students participating in athletic activities are required to have a sports physical with clearance prior to participating in tryouts and for any sports related activity. **This student health history must be filled out yearly** to determine the need for further evaluation. After review of the health history and the physical, the parents will be advised if additional medical evaluation is necessary for the student's participation in athletics.

NAME _____ DOB _____ PHONE _____

PARENT'S NAME _____ FAMILY DOCTOR _____

Child's history during the last 12 months: please indicate if none, or explain.

Injuries /Surgeries _____ None or Describe: _____

Medications/supplements _____ None or List: _____

Under Medical Care _____ No or Explain: _____

Asthma _____ No or Inhaler(s) used: _____

Diabetes _____ None or Type/Care: _____

Allergies (meds, insects, foods etc) _____ None or Explain: _____

Epi-pen _____ No or Allergy: _____

****Epi-pen must be available to the staff and/or student in order for the student to be able to take part in any sport****

Has your child ever had chest pain or pressure especially during or after exercise? Yes / No

Has your child ever been light headed or fainted, especially during or after exercise? Yes / No

Does your child have heart murmur or high blood pressure? Yes / No

Does anyone in your family have Marfan Syndrome? Yes / No Relationship _____

Family history of diabetes? Yes / No Relationship _____

Family history of heart attack/sudden death before age 50 or during exercise? Yes / No Relationship _____

Circle if student has had any of the following symptoms in the past 12 months:

Allergies	Heat Exhaustion	Constipation	Seizures	Heat Stroke
Diarrhea	Headaches	Cough/Wheeze	Blood/Stool	Concussion
Chest Pain	Blood/Urine	Dizziness	Vomiting Blood	Painful Urination
Fainting	Back Pain	Joint Pain	Frequent Stomach Aches	

Explain: _____

Please advise the school health office, at 764-8105, of any health-related changes during the school year so that health records can be updated to meet your child's needs. I hereby give my permission for the above named student to participate in the MSAD #1 school sport programs.

Signature of Parent/Guardian: _____ Date: _____
(PLEASE COMPLETE OTHER SIDE) →