

HEALTH UPDATE

(To be used for all Interscholastic/Intramural Athletics in Grade 7, 8, 10, 11 and 12)

Student's Name _____ Date _____
Birth Date _____ Age ____ Grade ____ Height _____ Weight _____
Sport(s) _____

1. Do you wear athletic "safety" frames and lenses? _____ contact lenses? _____
2. Have you ever been knocked out while playing a contact sport or at any other time during your life? _____
If so, please provide details _____
3. Any history of neck injuries? _____ Any burners, stingers, numbness or weakness? _____
Was shoulder, arm, hand or fingers involved? _____
4. Have you ever broken a bone? _____ (for example: collar bone, arm, leg, ankle, etc.)
If so, when and what? _____

5. Have you ever worn a cast or splint? _____ If so, for what reason? _____

6. Elbow: Ever had pain, swelling, dislocation or surgery? _____
Any wrist surgery? _____
7. Shoulder: Have you ever had any shoulder injury such as a dislocated shoulder, shoulder separation or rotator cuff injury? _____ If so, please provide details _____

8. Back: Any history of back pain or back injury? _____ If so, please provide details _____

9. Knee: Have you ever had a knee injury? _____ Was there any "locking" or "giving way?" _____
What treatment was given? Was surgery required? If so, please provide details _____

10. Ankle: Have you had severe, recurrent ankle sprains which have required taping? _____ Any history of Achilles tendon injury? _____ If so, please provide details _____

11. Have you ever required surgery for any medical illness or for any injury (include injury received in contact sports)? _____ If so, please provide details _____

12. Have you recently had "mono" or appendicitis, or other acute illness? _____ If so, please provide details _____

13. Have you ever had a hernia? _____ heart murmur? _____ collapsed lung (Pnuemothorax)? _____
If so, please provide details _____

*****Please complete form on reverse side*****

14. Are you epileptic? _____ diabetic? _____ asthmatic? _____
15. What medications do you now take and for what reasons? _____
16. Do you have two functioning (working) eyes? ____ kidneys? ____ testicles (males)? ____ ovaries (females)? _____
17. Any history of kidney disease? _____ Have you ever passed blood in urine? _____
18. Do you have allergies? _____ If so, what? _____
19. Do you have any abnormal bleeding? ____ If so, please provide details _____

20. Do you have any medical illness which the school should know about for your own protection? _____
If so, please explain _____

All of the preceding information is complete and honest to the best of my knowledge.

Signature of Student Athlete _____ Date: _____

Signature of Parent/Guardian _____ Date: _____