

Recertification for Sport Participation

Interim Health History
(to be completed by parent or guardian)

Date _____

FR / SOPH / JR / SR (circle one)

Personal

Sport _____

Name _____

Age _____

Home Address _____

Phone _____

Parent / Guardian _____

Phone _____

Family Physician _____

Phone _____

Within the past year have you had:	Yes	No	Explain
1. Any injury related to sports	___	___	_____
2. Any injuries not related to sports	___	___	_____
3. Any operations	___	___	_____
4. Any illness requiring you to stay home or to be hospitalized	___	___	_____
5. Experienced dizzy spells or black outs or unconsciousness	___	___	_____
6. Any episodes of unexplained shortness of breath, wheezing, or chest pain	___	___	_____
7. Developed any new health problems	___	___	_____
8. Any new medications, prescription or over the counter	___	___	_____
9. Any health problems you went to with a doctor	___	___	_____

My son/daughter has my/our permission to participate in _____

Parent / Guardian Signature

Date

Signature MD/DO, PAC, CRNP

Date