

IMMACULATE HEART ACADEMY HEALTH HISTORY UPDATE

Student's Name: _____ DOB: _____ Grade _____
Parent(s)/Guardian(s): _____ Sport: _____
Street Address: _____
Town: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
Doctor's Name: _____ Phone: _____
Emergency Contact _____ Relationship _____ Phone _____

PLEASE COMPLETE THE FOLLOWING (Note any changes since last physical): Date of Last Physical _____

If Yes, check box:

- Are there any changes in your health since completing your physical exam?
Do you know of any reason why there should be limits placed on your participation in athletics?
Are you under a doctor's care for a medical condition or chronic condition? Explain

During the past 12 months have you had:

- Hospitalizations or surgeries? Please explain & list dates
Injuries requiring medical attention? Explain with dates
Illness lasting more than one week? Explain with dates
Do you experience fatigue or unusual tiredness?
Do you take medication regularly (Prescription, over the counter, dietary supplements)? Please list
Do you have any allergies? List all including food, medications & insect stings. Explain
Has the doctor prescribed medication for this allergy? Benadryl Epinephrine
Has your doctor completed the self-medication form for Epinephrine? Yes No
Do you have asthma? Yes No
Has the doctor prescribed medication for this asthma? List meds
Has your doctor completed the self-medication form for this asthma?
Do you have Diabetes? Medications
Do you have Hypoglycemia? Treatment
Have you ever had a concussion or been knocked unconscious? When
Have you ever had a seizure? When Diagnosis
Do you wear eyeglasses or contact lenses?
Since your last physical exam, has any family member had sudden death to heart attack before age 50? Who
Have you had any heart disease, murmur, extra beats, skipped beats? Treatment
Have you ever been dizzy, passed out or blacked out during exercise? Explain in detail.
Have you had any joint injuries (fractures, sprains, dislocations)? Explain
Are you missing any organs (kidneys, eyes, etc.)? Please list
Do you have any menstrual irregularities? # of periods in last 12months
Age at onset of menstruation Date of last menstrual period
Do you want to weigh more or less than you do now? Are you concerned about your current weight?
Do you regularly attempt to change/control your weight for sports or other activities?
Have you ever been advised not to participate in athletics due to medical reasons? Explain

We understand that participation in activities that involve vigorous activity and/or bodily contact can, in spite of all precautions, result in injuries. While it happens rarely, a severe injury can cause permanent disability, paralysis, or even death. We release Immaculate Heart Academy, and its employees, from any claim or action stemming from participation in physical education class and the interscholastic sport program. We grant permission to Immaculate Heart Academy's medical staff, athletic staff and trainer to determine the need for appropriate medical treatment. We grant permission to appropriate staff and coaches for the limited confidential sharing of listed medical issues. We grant permission to travel to away contests by school bus, charter bus, or other school arranged transportation. We also assume responsibility for the proper care of athletic equipment issued and agree to pay for any loss or damage caused by misuse or negligence.

Student Signature: _____ Date: _____
Parent Signature: _____ Date: _____