

ASSUMPTION SCHOOL  
ATHLETIC MEDICAL HISTORY FORM – 3<sup>rd</sup> through 8th Grade

**Parent/Guardian: This medical update form needs to be completed by the parent or guardian prior to each season that your child is playing a sport: Fall, Winter or Spring**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Last First Middle

Sex (circle): M F

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please explain “Yes” answers below

- |   |     |    |
|---|-----|----|
| 1. Has your child had a medical illness or injury since the last check-up?  | YES | NO |
| 2. Has your child ever been diagnosed with on-going or chronic illness?<br>(diabetes, rheumatic fever, hepatitis, etc.) | YES | NO |
| 3. Has your child ever had surgery or been hospitalized overnight?  | YES | NO |
| 4. Has your child ever been diagnosed with asthma or wheezing?  | YES | NO |
| 5. Is your child presently taking any prescription medications or using<br>an inhaler?                                  | YES | NO |
| 6. Is your child allergic to medicine, food or stinging insects?  | YES | NO |
| 7. Does your child have seasonal allergies requiring medicines?   | YES | NO |
| 8. Has your child ever passed out or been dizzy during or after exercise?   | YES | NO |
| 9. Has your child ever had chest pains or palpitations during exercise?   | YES | NO |
| 10. Has your child ever had racing of the heart or skipped heart beats?   | YES | NO |
| 11. Has your child ever had high blood pressure or high cholesterol?  | YES | NO |
| 12. Have you been told that your child has a heart murmur?  | YES | NO |
| 13. Has any family member or relative died of heart problems or sudden<br>death before age 50?                          | YES | NO |
| 14. Has your physician ever restricted your child’s participation in sports<br>for any reason?                          | YES | NO |
| 15. Has your child ever fractured or dislocated any joints or bones?  | YES | NO |
| 16. Has your child ever had a loss of consciousness or a concussion?  | YES | NO |
| 17. Has your child ever had a seizure?  | YES | NO |
| 18. Has your child had a recent history of fatigue and undue tiredness?   | YES | NO |

**If your child has had any hospitalizations, operations, illnesses or injuries requiring medical care since their last physical exam, please explain below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_