

INTERVAL HEALTH HISTORY

Please complete form and submit to **NURSE**, prior to sports tryout.

Student Name: _____ Grade: _____
 Sport: _____ V JV F Modified (Circle One)
 DOB: _____ Home Phone: _____
 Name of Parent/Guardian: _____
 Address and Zip Code: _____
 Mom's cell: _____ Dad's cell: _____
 Parent email: _____
 Emergency contact name (not parent): _____
 Emergency contact phone: _____ Cell: _____
 Physician's name: _____ Phone: _____
 Dentist's name: _____ Phone: _____
 Orthodontist's name: _____ Phone: _____

Participation in sports involves a certain risk for injury. Injury can occur in any sport and vary in nature. Injuries can be minor such as bruises and scrapes or they can be more severe, such as fractures, dislocations, concussions, paralysis and even fatalities. I have carefully read and understand the questions. To the best of my knowledge there is no existing condition that should exclude my son from athletic participation. My signature constitutes my permission for my son to participate in the above named sport. I understand that the School does not assume responsibility for lost or broken corrective lenses or orthodontic devices. In the event of an emergency, my signature constitutes permission for my son to receive medical evaluation and treatment to ensure his health and safety.

If your child is currently under the care of a physician or has an existing illness or injury, he must provide a note of clearance for sports participation from his private physician.

Parent Signature: _____ Date: _____

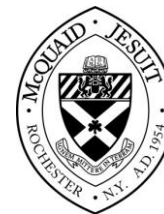
I have read and understand the concussion return to play protocol.
 (*Concussion protocol is on the Athletic website under Health Forms/Other.)

Parent Signature: _____ Date: _____

I give my son permission to drive/ride with another player or coach to activities related to the above sport.

Parent Signature: _____ Date: _____

McQUAID JESUIT SPORTS PHYSICAL FORM



Complete the following questions; explain below if needed.

YES	NO	
___	___	Any illness or injury since last check up?
___	___	Any surgery or overnight hospitalization?
___	___	Allergies to medications, insects, food, latex?
___	___	Currently taking medications, supplement (prescription or over the counter), or using inhaler?
___	___	Missing organ (eye, kidney and/or testicle)?
___	___	Chest pain, racing heart, dizziness, fainting with exercise?
___	___	Family history of heart problems or death before age 50?
___	___	Head injury, unconsciousness or concussion?
___	___	Have you had a baseline concussion test for a sport this academic year?
___	___	Severe viral infection (mono, myocarditis) in last month?
___	___	Chronic cough, wheeze, trouble breathing or Asthma?
___	___	Convulsions, seizures?
___	___	Heatstroke/Exhaustion?
___	___	Wear glasses, contact lenses, braces, dental bridges?
___	___	Any contagious skin conditions?
___	___	Broken bones, joint injuries, muscle/tendon problems?
___	___	Compromised hearing or problems with hearing?
___	___	Numbness/tingling in extremities? Or swelling/pain?
___	___	Any special equipment or devices not usually used in your sport (knee brace, foot orthotics, etc.)?
___	___	Abdominal problems or unexplained weight change?
___	___	Lose weight regularly for your sport?
___	___	Special diet/eating disorder? Laxatives/diuretics?
___	___	Ever been restricted from sports by a physician?

Explain any of the above: _____

INTERSCHOLASTIC ATHLETIC POLICY ON DRUGS AND ALCOHOL

We hereby agree to the terms of McQuaid Jesuit's Interscholastic Athletic Policy on Drugs and Alcohol.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR SCHOOL NURSE USE ONLY: Date of Last Physical Exam _____ Date of Last Tetanus _____ Nurse Signature _____ Date _____