

Falconer High School

PRE-PARTICIPATION/INTERVAL HEALTH HISTORY

Student: _____ DOB: ____/____/____
 Grade (check): ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
 Sport: _____ Level (check): ☐ Varsity ☐ JV ☐ Fresh ☐ Mod
 Date Form Completed: ____/____/____

Health History To Be Completed By Parent/Guardian

Answer questions below to indicate if your child has or has ever had the following and provide details to any yes answer on the back.

Question	YES	NO
Has a doctor or nurse practitioner (a health care provider) ever restricted his/her participation in sports for any reason?		
Does he/she have an ongoing medical condition? Please check below: Asthma Diabetes Seizures Other Sickle Cell trait or disease		
Has he/she ever had surgery?		
Has he/she ever spent the night in a hospital?		
Does he/she have a life-threatening allergy? Please check below: Medication Food Insect bites Pollen Latex Other		
Does he/she carry an Epi-pen (epinephrine)?		
Has he/she ever passed out during or after exercise?		
Has he/she ever complained of chest pain, tightness or pressure during or after exercise?		
Has he/she ever complained of fluttering in their chest, skipped beats, or their heart racing, or does he/she have a pacemaker?		
Has a health care provider ever ordered a test for his/her heart? (ex. EKG, echocardiogram, stress test)		
Has he/she been told he/she has a heart condition or problem?		
Has he/she ever had high or low blood pressure?		
Has he/she ever complained of getting more tired or short of breath than his/her friends during exercise?		
Does he/she wheeze or cough frequently during or after exercise?		
Has a health care provider ever said he/she has asthma?		
Does he/she use or carry an inhaler or nebulizer?		
Has he/she ever become ill while exercising in hot weather?		
Does he/she worry about their weight?		

Question	YES	NO
Does he/she have stomach problems?		
Has he/she ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told he/she had a concussion?		
Does he/she ever have headaches with exercise?		
Has he/she ever had a seizure?		
Is he/she currently being treated for a seizure disorder or epilepsy?		
Has he/she ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
Has he/she ever had an injury, pain or swelling of a joint that caused him/her to miss practice or a game?		
Does he/she use a brace, orthotic or other device?		
Does he/she have any problems with his/her hearing or wear hearing aides?		
Does he/she have any problems with his/her vision or have vision in one eye only?		
Does he/she wear glasses or contacts?		
Has he/she ever had a hernia?		
Does he/she have only 1 functioning kidney?		
Does he/she have a bleeding disorder?		
Females Only	YES	NO
Has she had her period? At what age did it begin?		
How often does she get her period? _____		
Date of last menstrual period: _____		
Males Only	YES	NO
Does he have only one testicle?		
Family History	YES	NO
Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		
OVER		

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Student Name: _____ DOB: ____/____/____

Please explain fully any question you answered yes to in the space below. Please print clearly and provide dates if known.

This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal lines designed to guide letter formation. Each set consists of three lines: a solid top line, a dashed middle line, and a solid bottom line. These sets are repeated vertically down the entire page, providing ample space for practicing letter height and placement. The paper is otherwise completely blank, with no text or markings other than the ruling lines.

I certify that to the best of my knowledge my answers are complete and true.

Parent/Guardian Signature

Date _____